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VOL. II, NUMBER 5

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"समग्रं दुःखमायत्तमविज्ञाने द्वयाश्रयम् ।
सुखं समग्रं विज्ञाने विमले च प्रतिष्ठितम्"॥

CHARAK, SUTRA • CH XXX

Editor :

Ayurved Kesari
Lakshmi Kant Pandeya,
Ayurvedacharya

Head Office : NAGARJUN
58-D, New Alipore, Calcutta-33
Phone : 45-1092

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Editorial

"परो भूतेष्वनुक्रोशस्तत्त्वज्ञाने परा दया।
येषां तेषामसद्ग्रादनिग्रहे निरता मतिः"॥

CHARAK, SUTRA • CH XXX

NAGARJUN RESEARCH INSTITUTE

Blue print on the Anvil

'Nagarjun' was launched a year back with the object of spreading the message of Ayurveda and revitalising the study and practice of our ancient science of life. Well, it is not for us to judge how much we have done during the last 16 months or so, but we can safely assume that the papers published in our journal have brought forth extremely interesting response not only from the profession in India but from such distinguished places of research as, Vienna in Austria and Basle in Switzerland. In fact, during this short period we have indeed succeeded in bringing 'Nagarjun' to the status of a standard reference journal for the profession both in India and abroad.

For a long time we have been seriously thinking as to the manner in which we could help improve the system of Ayurvedic education in the country. No doubt, there are many institutions of repute, both belonging to the State and private enterprise. There are also research institutions and laboratories set up by Government as also by a few manufacturing concerns. But as compared with the magnitude of the facilities at the disposal of our sister science of Allopathy, we find that the existing institutions are no match and can be of little use to the scores of graduates who come out of Ayurvedic colleges every year. Of course, there is the psychological handicap of half-hearted recognition of the degrees or

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diplomas awarded to Ayurvedic graduates. But that alone cannot be considered as the sole factor for the stagnation of research in Ayurvedic medicine and surgery.

It is against this background that we have thought of establishing a Nagarjun Research Institute. We might even say the thought is now more in the state of concrete implementation in the very near future. Maybe, one research institution cannot provide the answer ; but it certainly could be an example for others to follow in various parts of the country provided the blueprint we have prepared turns out as it should be.

The research institute in our concept will be a combination of a Post-Graduate College, a Post-Graduate Research Institute, and a fundamental Research Institute with an attached hospital of a minimum of 100 beds with each department being allotted at least 8 beds. To put it briefly, Ayurveda has eight subdivisions, and each of these divisions will have 8 beds, and the remaining 36 would come under the general category. Initially, it is proposed to provide for a minimum of 16 scholars from each of the two schools of medical education in the country—Ayurveda and Allopathy, i.e., we will have 32 house physicians and house surgeons of both Ayurveda and Allopathy. The idea is not only to give an opportunity to Ayurvedic graduates to continue their studies but also to provide the young Allopathic graduates with an opportunity of studying and assimilating Ayurveda as a Post-Graduate course.

Some are bound to ask as to why Allopathic graduates should be asked to work in an institution which is primarily engaged in research on Ayurveda. We believe that science has no barriers, and medicine is as much a branch of science as Physics or Chemistry. We do not talk of Indian Algebra or Indian Chemistry though for purposes of identification we might prefer the discoveries or inventions of a great Indian savant or saint. Similarly, we do not believe that there should be any barrier or any obtsacle to an Allopathic graduate learning Ayurveda in the same manner as we would desire that Ayurvedic graduates should not have any prejudices against western science. We might say that the first Master of Ayurveda is Charak, and all those who follow this great physician and compiler very well know what he has to say about acquiring skill from others. He says in the Vimanasthan : "There is no end of medical science. Skilfulness and practice should be acquired from others without feeling humiliation. Unto men of intelligence the whole world acts as a teacher ; unto the destitute of intelligence, the entire world appears as hostile."

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This quotation stands quite apt even today in as much as Charak's teachings and expositions of Chikitsa stand unparalleled and unchallenged even by modern science.

A research institute of the type we have in view is not an easy task for fulfilment. It requires obviously finance and the active co-operation of men of medical science irrespective of their affiliations, if the ambitious programme which we have in mind is to be implemented. We have not at present gone into the question of the financial commitments involved because we are quite sure that we will get the ready and generous response of the Central and State Governments and all other philanthropic institutions who have an interest in the welfare of humanity at large.

The object of our telling you about the proposed research institute is twofold : firstly, to assess the response from those interested in the establishment of such an institution, and secondly, to receive suggestions and criticisms from our well-wishers on how successfully we could carry out our programme. In order to assist our readers as to what actually the research institute proposes to do, we might say that it will be engaged in the normal research activities associated with common ailments, such as, the seasonal fevers, heart diseases and gastric disorders. On the fundamental research side, it is proposed to investigate the causes and remedies for cancer, tuberculosis, and such other chronic ailments which have defied medical science so far. Of course, we do not claim any immediate superiority but our object is to go into three aspects of medical science—preventive, curative and post-curative.

It is an acknowledged fact that Ayurvedic surgery is as good as non-existent. In fact, legislation almost prohibits the practitioner of Ayurveda from using any surgical methods. But in some of the institutions Ayurvedic graduates get instructions and practical training in western methods of surgery. But even there they have little or no chance to put their knowledge into actual practice. It is here that the Nagarjun Institute would attempt to bring back into practical application Sushruta's Surgery and his famous appliances which actually formed the basis for western methods and equipment. Unfortunately, we in India do not care to go into that aspect of Ayurvedic science for the simple reason that we, as a nation, particularly during the British Rule, were willing to accept what was handed over to us as a ready-made article, thus developing a tendency

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to ignore the foundation and only to accept what appeared as the truth on the surface. But we are glad to note that western science on many occasions and even now is readily acknowledging that many of the fundamental principles on which they are working have actually been taken from either Charak or Sushruta, and these acknowledgements of theirs are on record in many distinguished works of Western scholars.

Yet another important task of the Nagarjun Research Institute will be to organise a first class herbarium and a drug research laboratory for a thorough and detailed investigation of Ayurvedic Pharmacology. While western science believes in taking out the active element of a basic material and then synthesising it, Ayurveda believes in the homogeneity of the root substance and utilising it along with others in order that there is a correct cohesion of the Rasa, Veerya, Vipak and the Prabhava qualities of a remedy. In other words, the object will be to place Ayurvedic Therapeutics in the correct perspective for those who wish to understand it and utilise it.

We have given above a broad-based outline and by April next we will be in a position to give a more concrete picture in a special number which will be published that month. Between now and then, we hope we will get the right type of response and criticism from all concerned to make our plan a success.

It is obvious that it will not be possible for us to announce when the Research Institute will start functioning, but our plans, as they stand, are aimed at translating them into positive action before the year is out.

We take this opportunity to extend to all our patrons and readers a happy and prosperous New Year and eagerly look forward to their continued cooperation.

As an indication of our earnestness in establishing this Research Institute, may we say we are NOT going in for any "foundation-stone" laying ceremonies ? Our view is that the foundation-stone, the bricks, the walls and the entire Institute will be laid and completed by YOU, our well-wishers and supporters in a cause which is just and right for the cause of helping humanity to lead a healthier and happier life.

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AYURVEDIC EDUCATION AND PROFESSION IN ANCIENT INDIA — II

Dr. Valluru Subba Rao

Preliminary Method of Teaching Operative Surgery in Ayurveda

The entire course of surgical operation may be grouped under three subheads as the :—

(Purvakarma) preliminary measures, (Pradhanakarma) the principal therapeutical or surgical appliances, (Paschaatkarma) after measures.

A surgeon to perform any of the operations, must first equip himself with such accessories as surgical appliances, and instruments, alkali, fire, probe or director, horns, leeches, gourd, jambavoushta, cotton, lint, thread, leaves, tow, honey, clarified butter, lard, milk, oil, tarpanam, decoction, medicated plasters, paste, fan, cold water, hot water and cauldrons etc. and moreover he shall secure the services of devoted and strong-nerved attendants.

Then under the auspices of blissful astral combinations etc., and having propitiated the Brahmanas and the physicians, with gifts of curd, sundried rice, cordials, and gems etc., and having made offerings to the gods and uttered benediction, etc., the surgeon should commence his operation.

The patient should be given light food and made to sit with his face turned towards the east. His limbs should be carefully fastened. Then the surgeon, sitting with his face towards the west, and carefully avoiding the vital parts, veins, nerves, joints, bones and arteries of the patient, should insert the knife into the affected part along the proper direction till the suppurated part would be reached and swiftly draw it out. In case of extended suppuration, the part incised should be made, to measure two or three fingers wide in length. An incision which is wide, extended, equally and evenly divided, should be deemed the best.

An incision which is wide, extended, well divided, does not involve any vital part etc. of the patient, and is well-matured as regards time, is the best of its kind. Cou-

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rage, light-handedness, non-shaking, non-sweating, sharp instruments, self-confidence, and self-command are what should be possessed by a surgeon engaged in a boil or an abscess.

Two or three incisions should be made if a single opening does not seem large enough for the purpose. The knife should be freely used wherever a fissure, sinus, or a cavity would appear in a boil, so as to ensure a complete flowing out of the pus accumulated in it.

Lateral incisions should be made in regions of the eyebrows, temple, forehead, cheeks, eyelids, lower lip, gums, armpits, belly, and the groins.

An incision made in the region of the hand or root should be made to resemble the disc of the moon, while those about the anus and the penis should be made semi-circular in shape.

An incision in any of the above said regions not made as directed, may give rise to extreme pain, prolonged healing, condylomatous growths in and about the ulcer, owing to an inadvertent cutting of the local veins or nerves. In a case of artificial or instrumental parturition, in ascites, in piles, in stone in the bladder, in fistula in ano, and in diseases affecting the cavity of the mouth, *the patient to be operated on should be kept on empty stomach (before operation).*

Then sprays of cold water should be dashed over the face and the eyes of the patient to relieve the pain and sensation of exhaustion incidental to the operation. The sides of the incision should be firmly pressed and the margins of the wound should be rubbed with the fingers. Then the wound should be washed, with an astringent decoction which should be wiped and made thoroughly dry with a piece of a clean linen. Then a lint plug (varti) plastered over with the (Kalka) paste of sesamum, honey, and clarified butter and soaked in a disinfectant should be inserted deep into the cavity of the wound. After that, a poultice made of officinal substances should be applied over it and the whole should be bound up with thick layers of tow (Kavalikaas—leaves and bark of Indian fig tree) which are neither too irritant nor too cooling, in their effect ; and finally scraps of clean linen should be wound round them. The limb should be subsequently fumigated with the fumes of pain-killing substances and also with those of drugs which are supposed to ward off all malignant spirits.

Then it should be fumigated, with the drugs known as guggulu, vacha, white mustard, saindhava, and the leaves of the nimba tree, soaked in clarified butter. The residue of the clarified butter should be rubbed over the region of the heart and other vital parts of the patient, and the floor of the operating chamber should be washed and sprinkled over with drops of water previously kept in a pitcher kept for the purpose.

Occultist treatment

The rites of protection from the influence of baneful spirits, should then be

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performed by reciting the *Mantra* which runs as follows :—

"I am about to practise the prophylactic incantation for guarding thy person against the malignant influences of Rakshas and conjured demonesses, and may the God Brahma be graciously pleased to approve of its performance. May the gods and deities and ministers of grace disperse and confound the hosts of wrathful Nagas (celestial serpents), Pishachas, Gandharvas, and Pitris that might be maliciously disposed to strike thee in thy sickly confinement. May the spirits, which stir abroad in the night and roam about in the sky and on earth, defend thy person in recognition of thy fervent devotion to them. May the concourse of Brahma-begotten sages (such as Sanaka etc.), the saintly and canonised kings (Rajarshis) in heaven and the sacred mounts, streams and oceans of the earth protect thee from evil. May the fire-god guard thy tongue ; the wind-god protect thy breath ; and the moon-god, parjanya, vidyut and the spirit of the clouds preserve the healthy coursings of those vital winds in thy organism which are respectively known as Vyaana, Apaana, Udaana, and Samaana. May Indra, the presiding deity of all physical energies, keep thy bodily strength immaculate. May Manu defend the two side tendons at the nape of thy neck, as well as thy faculty of desire, Indra thy fortitude ; Varuna thy faculty of cognition ; the Ocean thy region of umbilicus ; the Sun-God thy eyes ; the quarters of the Heaven thy ears ; the Moon-God thy mind ; the stars thy complexion, the Night thy shadow ; the water thy vigour ; the Oshadhis thy hair ; Infinite Ether the space which is imprisoned in thy body ; Vasundhara thy body, Vaishvaanara thy head ; Vishnu thy moral courage ; Purushottma thy energy of action ; Brahma thy self and Dhruva thy eye-brows. May these divinities which perpetually reside in thy body ensure thy safe continuance in being and may thou enjoy a long life through their grace. May the Gods such as Brahma etc. confer blessings on thy head. May the Sun, the Moon, the twin sages Narada and Parvata, the fire, the wind, and the other celestial helpmates of Indra, bring thee good. May the prophylaxis devised by Brahma keep thee from evil. May thou be spared to witness the return of many a long and happy year on earth. May such abnormal physical phenomena as drought, deluge, excessive downpour of rain, and excessive germination, rats, mosquitoes, flies, which invariably portend evil and mortality in a community, as well as bloody feuds among kings, abate and cease. May thou be relieved of all pain and misery." We close the prayer with a "Svaahaa" (Obeisance). The present Vedic Mantra exercises an occult power in relieving ailments which are due to the malignant influences of conjured up she-devils. May thou acquire a long life through the protective energy of the prophylactic prayer now read by me.

Then having protected the body of the patient with the recitation of the Vedic Mantra, the surgeon shall see his patient taken to his own ward (or chamber) and prescribe the proper course of medicine to

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be administered internally and diet according to the exigencies of each case. The old bandage should be loosend on the third day of the operation, when the wound or the ulcer should be washed, and a fresh bandage should be wound round as before. The bandage should not be loosend on the day following the lancing of a boil, as such a measure might give rise to a sort of excruciating pain and formation of knots, in the wound and retard the process of granulation (healing). On the third day, the surgeon should prescribe the proper medicated plaster, diet etc., after fully considering the strength of the patient, the nature of the disease, and the then prevailing season of the year. A wound should not be tried to be healed up, as long as the least morbid matter or pus remains in its inside, as it would lead to the formation of fresh cavities, in the surrounding healthy tissues, and ultimately to a recrudescence of the disease.

Accordingly a wound or an ulcer should be made to heal up after the perfect purification of both of its inside and exterior has been fully brought about. Even after the healing of the wound, the patient should studiously avoid all sexual connections, indigestive viands, fatiguing physical exercises and indulgence in emotions of grief or fright, or in ecstasies of joy, until the cicatrix has acquired enough toughness. The dressings and bandage should be untied and changed every third day in winter, in spring and in the season of Hemanta, and on each alternate day in summer and in the rains. But a surgeon should not be guided by these rules in cases where there would be reasons to apprehend imminent danger, and in such cases the wound or ulcer, like a house in flames, should be checked as speedily as possible.

Clarified butter boiled with Yasthimadhu and applied tepid to a wound, incidental to a surgical operation is sure to alleviate the excruciating pain that is usually experienced in such an affected part".

(Su. Su. Chapt. V)

Injunctions to the students of Medicine

One should always tell the truth.

One should not harbour envy.

There should be nothing which one should not do at the professor's command except acts hostile to the king or acts that may lead to another person's death or acts that are heinous crimes or acts productive of great harm.

One should regard the professor as the foremost of all persons. One should always hold himself in subjection to the professor. One should behave as a son, as a slave, as a suppliant, towards his professor, while living with him.

One should be free from impatience.

One should always be attentive.

One should not murmur at or find fault with the *Guru*.

One should do everything with his permission.

If one desires to achieve success in treatment, earn wealth, acquire celebrity and win Heaven hereafter—

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One should respect kine and the Brahmins above all and always seek, whether sitting or standing, the good of all living creatures.

One should with his whole heart strive to bring about the cure of those that are ill.

One should not drain those that are sick even for the sake of one's life.

One should not even in imagination know another man's wife.

One should not similarly appropriate other people's possessions.

One should always clothe himself with homely attire.

One should not keep connection with sinful men or abettors of sinful behaviour.

One should speak words that are soft, unstained by obscenity, fraught with righteousness, incapable of giving pain to others, worthy of praise, truthful, beneficial and properly weighed.

One should act heedfully and always strive to acquire knowledge, to cast off sloth, to keep ready the implements and medicines one requires.

One should never administer medicines unto those that have incurred the displeasures of the king or the great, or to those that are ill-disposed towards them.

One should not administer medicines to those that are exceedingly perverse or are of wicked disposition or to those that are exceedingly poor, those that never vindicate their character when it is aspersed, those that are on the point of death, those that have not their masters near them, and to those that have not their husbands or guardians near them.

While practising, one should not accept the gift of fish and meat made by a woman without the knowledge of her lord or other guardian.

While entering the family dwelling-house of the patient, one should do it with notice to the inmates and with their permission. At such time one should be accompanied by some male members of the family.

One should cover one's person properly.

One should keep his face downwards while entering, with one's wits above him. One should with understanding and mind, properly fixed, observe all things. Duly conducting in this way one should enter.

One should not devote one's words, mind, understanding and senses to anything else than what is calculated to do good to the patient or to any other object connected with the patient.

One should never give out to others the practices of the patient's house.

One should not speak of the diminution of the period of life even if one is certain of it, when such speaking may shock the patient and any relation of his.

One should not boast of knowledge even if he possesses it, for many people become annoyed even by an inspired person if he boasts.

(Charaka, Vimana, Ch. VIII.)

Thou shalt renounce lust, anger, greed, ignorance, vanity, egoistic feelings, envy, harshness, niggardliness, falsehood, idleness, nay, all acts that soil the good name of a man. In proper season thou shalt pare thy nails, and clip thy hair, and put on the sacred clothes dyed brownish yellow, live

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the life of a truthful, self-controlled anchorite, and be obedient, respectful towards thy Guru. In sleep, in rest, or while moving about, while at meals or in study, and in all acts thou shalt be guided by my directions. Thou shalt do what is pleasant and beneficial to me, otherwise thou shalt incur sin and all thy study and knowledge shall fail to bear their wished-for fruit, and thou shalt gain no fame. If I (your Guru), on the other hand, treat thee unjustly even with thy perfect obedience, and in full conformity to the terms agreed upon, may I incur equal sin with you and may all my knowledge prove futile, and never have any scope of work or display. Thou shalt help with thy elders, preceptors, friends, the indigent, the honest, the anchorites, the helpless, and those who come to thee, or those who shall live close by, as well as thy relations and kinsmen, and thou shalt give them medicine and God will bless thee for that. Thou shalt not treat medicinally a professional hunter, a fowler, a habitual sinner and him who has been degraded in life.

(Su. Sutra.)

Modern View on Ancient Medical Education—"The system of medical education in India has its own lessons to teach. Two methods are found, one in which every student is in direct touch with the Guru *i.e.*, the single-student system where a Guru is the ideal of the student who attemps to learn as much as could be learnt from his Guru. After finishing his studies at the feet of one Guru, the student, desirous of learning more, travels in search of one Guru after another, till he attains professional efficiency. This was the system that was responsible for the spread of all the arts which made India the proud master of the whole world at one time. There was no school of weaving but the famous Dacca muslins were the product of India which adorned the queens of Europe. There were no colleges of Engineering but the finest steel required for the swords of Damascus was exported from here. India was famous for its variety of rich dyes and dyestuffs without a school of arts of the modern type. There were no schools specially established to teach the architects who built the famous temples of the south. The master architect through one or two of his favourite students taught his skill to others, who in turn had their own series of students and thus the highest class of masters and the lowest class of students worked in the construction of the magnificent temples.

"Even in Ayurveda or the medical art this was the system that was responsible for such deep culture of scientific ideas in the guise of the social and religious practices of the civilised classes of the Hindu Society. The famous Charaka Acharya had only six class-mates and Sushruta had seven. In this single-student system the students generally take up one text book after another and get by heart books and commentaries in a very remarkable manner unknown and unimitable to studies of modern Universities. These students acquire their practical and clinical knowledge by intimate attachment to their Gurus who in turn treat them as his children and members

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of his own household.....The Germans who were reputed for their original method, seem to have adopted our system, giving greatest importance to individual professors of repute instead of to the schools or colleges and Universities which have failed to produce the required results. As successors of original thinkers and seers let us not be mere imitators of our English masters as we have been trained to be." (Dr. A. Lakshmipathi, B.A., M.B., C.M., Bhishagratna).

"We expect them to see medical colleges teaching the science of healing, not under the name of indigenous or foreign systems, but in the spirit of the ancient seats of learning of the Vedic times, where the seeker after truth sat at the feet of the masters in trust and confidence, with no thought of colour or race, but with a single eye to truth and wisdom irrespective of country and origin." (Major K. G. Pandalai, M.B., F.R.C.S., I.M.S.,—Madras Medical College Magazine).

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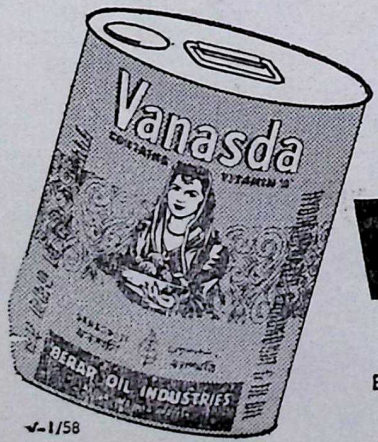

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BERAR OIL INDUSTRIES, AKOLA

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PROBLEMS OF AYURVEDIC EDUCATION & PRACTICE IN ANCIENT & MODERN SOVEREIGN REPUBLIC OF INDIA—V

Rajvaidya Pranacharyya Kaviraj Dr. Prabhakar Chatterjee, M.A., D.Sc., Ayurveda Brihaspati

When the Aryans invaded India and settled themselves on the Indus valley, they had no knowledge of Ayurveda. And when the enervating climatic condition of the east told upon their constitution and rendered them liable to attacks of diseases which made them unable to perform the duties of life in the direction of the performances of penances necessary for the attainment of Moksha or salvation or release or Moksha from the pangs of rebirths of which they became conscious in that dim distant past of the age of the Rigveda. Sages of the then Aryavarta assembled in the world's first international medical conference. Fifty-one sages came from the different parts of the Aryavarta and took part in the deliberations of the meeting which was held on the slopes of the Himalayas.

What was their object ? The main object was to devise ways and means of attaining a good longevity necessary for the attainment of knowledge and capacity for working or exertion for the attainment of bodily strength which they were daily losing due to the prevalence of diseases.

They stood in need of gaining the knowledge of the Trisutras which were known to Brahma, who was the first Ayurvedic physician of the world inculcating the doctrines of Ayurveda to the gods of the kingdom of heaven. He taught it to Shiva, Vishnu, Bhaskar and Daksha Prajapati. Daksha Prajapati again taught it to the twin Aswins and they again in their turn taught it to Indra, who thus became the depository of all knowledge of Ayurveda.

The abovenamed celestial physicians were very expert, and specialists in the art of healing. There were three classes of physicians among them. Shiva was famous for Rasachikitsa. He is known as the father of Hindu Chemistry or treatment by mercurial operations.

Vishnu was a very skilful healer of

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ailments belonging to the celestial region. The aphorism or adage widely known as "औषधे चिन्तयेद् विष्णुम्" i.e. "at the time of taking of medicines one should think only of Vishnu" is indicative of the supreme knowledge of the practice of medicine possessed by Vishnu. Moreover, so many medicines named after the names of Brahma, Vishnu, Shiva, Bhaskara, the twin Aswins, Indra and others of the kingdom of heaven are indicative of the fact that the most successful formulae of medicines prescribed by the celestial physicians bespeak their abilities as physicians of merit exercising their influences upon their pupils. Whenever a man becomes seriously diseased, people are prone to call it as incurable on the part even of Shiva. (शिवेर असाध्य, शिववंलेनाप्यसाध्य). And that being the case, if Shiva had not been a physician himself, the adage of "शिवेर असाध्य" i.e. incurable even on the part of Shiva would not have been current in the society of India, even at the present day. If celestial physician Bhaskar would not have been a physician himself, the aphorism that "आरोग्यं भास्करादिच्छेत्" i.e. we should expect cure from Bhaskar alone, would not have been current in the society.

The achievements of the above physicians in the matter of curing the following ailments such as the falling of the teeth of Pusa, the loss of eye-sight of Bhaga, the cutting of the throat of Jagna and the loss of manhood on the part of Chyavan and others are so many glaring examples of their success in the field of treatment of diseases. If somebody lost his legs in the battle, they could join it by the addition of an artificial iron leg. If some one lost his nose, they could replace it by cutting flesh from some part of the body. Many other fabulous stories concerning their medical ability were current in the societies of the sages of Aryavarta. Medicines coined after the names of the celestial physicians such as Chintamoni Chaturmukh, Krishna Chaturmukh, Brahmya-Rasayan after the name of the grandfather Brahma, the names of medicines coined after the names of Vishnu such as Vishnutailam, Narayan Tailam, Sarbangasundar Rasa and Lakshivilash, those of Nilakantha Rasa, Suchikabharanarasa, Manmatha Rasa, Basanta Tilak Rasa etc. after Maheswara, those of Bhaskar Rasa, Bhaskarchurna, Udarka Rasa after Bhaskar, that of Moharasandi Kasaya after Dakshaprajapati, those of Satabari Ghreeta, Amrita Prasavaleha, Ayapati Rasa etc. of the twin Aswins, those like Aindra Rasayan, Sarbotabhadra Rasa and Dasamula Taila after the name of Indra were current in the societies of the sages of the Aryavarta in Vedic ages. When the first conference of the fifty-one sages was held on the north-western slopes of the Himalayas, the Rishis knew of the good names of the above medicines and the existence of a superior culture in the field of medicine in the kingdom of Indra was known to the people of the then Aryavarta who did not know of the fullest details of the subject.

The above state of affairs of the then Aryavarta impels us to hazard an opinion that the way to the kingdom of Indra was

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known to the Rishis of the day and at least some of them frequented the place known as the kingdom of Indra and that he was a historical personage ruling over a track of land known as Mongolia situated on the other side of the great Himalayas where early death, senility and diseases affecting the people of the Aryavarta were not in existence. And it is this fame of Swarga-Rajya that impelled the Rishis who assembled in the first medical conference to send the sage Bharadwaja, the then most enlightened son of Brihaspati, to Indra, the depository of all knowledge of Ayurveda—remembered by the self-begotten grandfather Brahma "बुधुधे यं पितामहः" i.e. which the grandfather alone knew.

So the knowledge of the practice of Ayurveda in all its eight branches came from Brahma according to the ancient Guru-parampara method obtaining in the east. Bharadwaj brought it from Indra and delivered to the all assembled sages who met in the world's second international medical conference, the whole of the Astanga Ayurveda which he fully mastered on account of his possession of a superior understanding. Fiftyone Rishis representing the different provinces of the Aryavarta listened with rapt attention to the wise discourses of the sage Bharadwaj all about the healing art prevailing in the Swarga Rajya just like the students of a class of a modern teaching institution in which students possessing different types of receptive capacity assemble and become interested in subjects having special appeals to their sense of receptivity and choice.

Of the assembled sages Atreya Punarvashu became the recipient of the knowledge of Kayachikitsa—i.e. treatment of diseases by the applications of herbal medicines both for internal and external uses and founded the Atreya Sampradaya of physicians or the school of physicians according to his own way of thinking with the help of his six disciples namely, Agnivesh, Bhela, Jatukarna, Kharapani, Parashara and Harita. Of all these students, Agnivesh was the most intelligent and all these students wrote Sanhitas or books after their own names. The Sanhita or book written by Agnivesh was the best of all. Because when it was read before the assembly of the sages, it was highly appreciated by them for the cogency of its thoughts, clearness of its expression and the beautiful order of its arrangements. Assembled sages approved of it and the system of treatment inculcated by Agnivesh became current in the then Aryavarta through the mouths of sages.

Another sage, Dhanwantari by name, who listened to the discourses of Bharadwaj attentively became the founder of the Dhanwantariya Sampradaya or the school of surgeons who kept himself engaged in the dissemination of surgical knowledge among the sages of the day and through them to the general public. His famous pupil Susruta became the famous writer of Susruta Sanhita, the first and the foremost book of surgery in the history of medical education of the world. He had eleven other disciples.

Another sage of the name of Kasyap who listened to the discourses of Bharadwaj,

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became the famous writer of Kasyap Sanhita and the founder of the branch of Koumarabhritya or system of knowledge dealing with treatment of the diseases of children.

Another sage of the name of Sukracharyya, who listened to the discourses of Bharadwaj on the subject of chemotherapy in the said first conference of the sages became the founder of the Rasa Vaidya Sampradaya or the school of physicians specialising in chemotherapic medicine.

Thus we see that from time immemorial there has been a tendency for specialisation in the field of medicine. Although the whole science of Ayurveda had been divided into eight different parts by grandfather Brahma through the progress of time, it passed into various subdivisions as knowledge grew from more to more. The best book of the practice of Ayurvedic medicine was written by Agnivesh after his own name as Agnivesh Sanhita. The original Agnivesh Sanhita contains namely (1) Sutrasthan (2) Nidanasthan (3) Sharirasthan (4) Bimanasthan (5) Indriyasthan (6) Chikitsasthan (7)Kalpasthan (8) Siddhisthan. But in course of time like many other important subjects of Sanskrit learning, a greater portion of the Agnivesh Sanhita was lost into oblivion. When Dhridhaval came to redact the damaged Agnivesh Sanhita he found that 17 chapters of the Chikitsasthan and the whole of Kalpa and Siddhisthans was missing and he had to fill up the whole gap caused by Kalarka i.e. the sun of time from his own memory. Although before the redaction of Dridhavala, there was another redaction of Agnievsh Sanhita by Patanjali, yet it was not available at the time of Dridhabala. So we are not fortunate enough of going through the whole of Agnivesh Sanhita belonging to the school of Atreya Sampradaya or the school of physicians. Since the time of Bharadwaja's bringing the science of life from Indra to the Indian soil, Agnivesh Sanhita was the only authoritative book of reference for the physicians belonging to the school of Atreya. Although the books writen by Bhela, Harita, Ksharapani, Jatukarna and Parashara, were in existence during the time of Patanjali, the physicians in general did not take much cognisance of them because of their bad style of writing. From the current remark namely "अत्रिः कृतयुगे वैद्यः" i.e. the sage Punarvasu with his pupils was the chief physician in Satya Juga and the physicians of the age followed the dictates of Agnivesh Sanhita. But in course of time, a great portion of Agnivesh Sanhita was destroyed and people were not being properly treated and were suffering greatly. We come to know of their state of affairs from the introductory remarks of Bhaba Prakasha while he is referring to the subject of Charaka-Pradurbhaba i.e. the facts about the advent of Charaka in the field of practice in which he says that Ahipati looking at the deplorable condition of the people of the earth, who were suffering from various diseases reincarnated himself as Patanjali and redacted the Agnivesh Sanhita in the name of Charaka as it is said:

"यतश्चर इवायातो न ज्ञातः केनचिद् यतः।
अतश्चरकनामासौ ज्ञायते क्षितिमण्डले ॥

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He is known as Charaka in the world as he came to this world unnoticed and as he was not known to anybody. The fact of Patanjali's redacting Agnivesh Sanhita is also supported by Chakrapani Dutta of Birbhum in his famous commentaries of Charaka Sanhita namely

"पातञ्जलमहाभाष्यचरकप्रतिसंस्कृतैः
मनोवाक्कायदोषानां हर्त्रेऽहिपतये नमः ॥"

i.e. salutation to Patanjali who has redacted the Sanhita of Agnivesh and has thereby tried to remove the doshas or morbidities or impurities of mind, words and body. Another Sloka to the above effect expresses the same thing namely

योगेन चितस्य पदेन वाचां मलं शरीरस्य तु वैद्यकेन ।
योऽपाकरोत्तं प्रवरं मुनीनां पतञ्जलिं प्राञ्जलिरानतोऽस्मि ॥"

I bow down to Patanjali, who has tried to remove the blemishes of the mind by writing on the virtue of Yoga philosophy, and has tried to correct the errors of words by his composition of grammatical works and has also tried to remove the blemishes of the body by writing books on medical science. After Patanjali we again meet with a dark age in the history of Ayurvedic Practice. To the greatest misfortune of Indian culture it must be ascribed, that a very big portion of the Agnivesh Sanhita i.e. the most valuable treatise on the Ayurvedic practice of medicines, was absolutely lost and "अखण्डार्थं दृढ़बलो जातः पंचनदे पुरे". It was with a view to making the dilapidated Agnivesh Sanhita into one complete whole that the great scholar Dridhavala was born in the land of five rivers and he worshipped Lord Siva to confer upon him powers with which he could fill up the lost portion of famous Agnivesh Sanhita which catered to the health services of the people of India in those bygone days of Indian civilisation.

During the whole period of the Treta Juga or the age of the Ramayana, there was a great improvement of the Rasa Vaidya Sampradaya or the physicians of the school of Ayurvedic chemists. The sage Agastya, who attended the said conference addressed by Bharadwaja after his coming from the kingdom of heaven, carried the gospel of Ayurveda to the farthest end of the south India and even upto the island of Ceylon, was well versed in the scienee and art of Ayurvedic chemistry and he taught it to Poulastya Ravana and even to Ramchandra, the king of Ayodhya, who was compelled to traverse the whole region of south India in search of his beloved consort stolen away by Ravana of Ceylon. As a pupil of Maheswara, the greatest authority of Hindu chemistry, Ravana was also a great authority on Hindu chemistry on account of his association with Sukracharya, the greatest author of Ayurvedic tincture in the history of chemical development of Ayurveda. The great Dandakaranya through which Ramchandra travelled possessed many hermitages. And the Rishis of those hermitages were adept in the science of metallurgy and Hindu chemistry. Ramchandra learnt the science of metallurgy from the hermits of the Dandakaranya and was able to prepare gold himself with the help of which he prepared the image of Sita (vide "निजकृतसुवर्णरचितपत्नीविग्रहः") Rasa-

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chikitsa became fully established in the Tretajuga by the influence of Agastya, Sukracharyya, Ravana, Susen and a host of others. And in the Dwapar Juga it was further developed in the hands of Bagbhat who was the court physician of King Judhisthira of Indraprastha. In his Rasaratna Samuchchaya, we meet the enumerations of a very large number of pure metallic medicines and also of medicines of mixed characters i.e. medicines made of both metallic and herbal ingredients. Due to the inability on the part of the western Indologists to decipher the real meanings of technical Sanskrit texts, they are not prepared to accept the three books namely, Astanga-Sangraha, Astanga Hridya and Rasaratna Samuchchaya as the work of a single author namely, Bagbhata and has wrongly introduced the theory of there being three Bagbhatas instead of one who was really speaking the writer of those three books. Bagbhata had a really scientific turn of mind. And as such he established the value of research and understanding of the correct values of theories and ideas current in the world before his advent in the field of medicine. He was not prepared to accept the value of a work as Arsha because it had been written by a sage. He had the courage to say

"का निर्मन्त्रे वक्तृभेदोक्तिशक्तिः"
"ग्राह्यं तस्मात् सुभाषितम्"

i.e. the intrinsic value of a thing does not change if it is said by a Brahma or his son. If a thing or a theory is correctly and scientifically represented, it should be accepted.

Thus we see that upto the time of Bagbhata which is recognised to be the latest part of the Dwapar Juga and the beginning of the Kali Juga, the three systems of treatment were being followed by the three classes of physicians namely (1) Atreya Sampradaya (2) The Dhanwantari Sampradaya (3) the Rasasiddha Sampraday mainly in the country, each class keeping themselves absolutely separate from the contamination of the other classes. And that is why the marvellous achievements made by the Rasa Vaidyas in the department of metallic treatment in the golden age of its history namely that of the age of Buddha, have not been recorded in any of the three principal books of the Atreya Sampradaya or the school of physicians following the Herbal Treatment introduced by Punarvashu, and also by the school of surgeons. Although the names of Gold, Iron, Makshika etc. of the metallic school of physicians are to be found in the works of Charak, Susruta, none of the Jougic medicines prepared from the different combinations of the metallic ingredients are to be found in them, even upto the end of the 10th century i.e. before the advent of Charaka Chaturanan Chakrapani of sacred memory.

Besides the three above mentioned separate schools of physicians, there were other schools of physicians namely, the Shalakis or physicians treating cases pertaining to ear, nose and throat. They were also physicians dealing in poisons both organic and inorganic. Medicines prepared from snake-poison were also used by them,

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They could also cure cases of snake-bites and other cases of bitings of scorpions, mad dogs and jacklas and wounds caused by wolves and leopards and tigers.

Thus we see that the vish or poison Vaidyas were successfully carrying on their occupation in the Treta and Dwapar Jugas and the culture of the Agada Tantra received a great impetus in the hands of the kings of the ages.

The modern researches and excavations of the historical places of importance have proved beyond doubt the existence of a superior kind of civilisation in the Indus valley and in the southern India. The accounts of the inhabitants of the seven islands of the Atlantic Ocean (vide अतीतकुल-कोटीनां सप्तद्वीपनिवासिनां) submerged in the said ocean as a result of a serious flood, who were a highly cultured people having great maritime activities, came to settle in the southern India and developed a superior kind of civilisation known as Dravidian civilisation. It existed for many centuries and then met with ruin and destruction through the influence of time and their remains are now being excavated to the scrutinising gaze of the modern Geologists who are of opinion that the Dravidian civilisation or the civilisation existing on plains of Mohenjodaro and Harappa was of a very superior order. And those people had intercourse with the Kingdom of Indra, where better methods of medical education and practice prevailed during the time when the Aryans, who were a nation of wanderers before they entered India and settled themselves on the Indus valley rendered desolate by the ruins of the Dravidian civilisation and inhabited by the so-called non-Aryans or the native dwellers of the soil.

The Aryans of the age of the Rigveda were worshippers of Nature as is proved by the mantras of the existing Vedic literature and made some independent researches in the domain of medical practice. For almost every disease they had a mantra to utter along with a medicinal herb, a root or metal or an amulet either for internal or external use according as the case might be. But in the first three Vedas, we do not find the name of the Artharva Veda in which we find the earliest records of the medical literature of the Aryans. From our study of the Kousik Sustras along with the commentaries of Daril and Keshava, we come to know of the independent research activities of the ancient Hindus in the field of medicines. The mantras of the Atharva Veda uttered for the purpose of removing diseases are very powerful. Many kinds of roots, herbs, barks of trees, metals and gums have been used by the Rishis of the Atharva Veda by way of experimenting in such diseases as diarrhoea, amebiosis, constipation, strangury, jaundice, cough, leprosy, haemorrhage, phthisis, paralysis, worms, senility, poison, sore, loss of hairs on head, eye diseases, colic, heart diseases, glands, dropsy, insanity, scrofula, tumours and various other diseases.

In bowels complaints, they used waters of Manju grass soaked in water. For removing insanity they used amulets and bangles made of lead. They stopped the

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flow of blood by using stone dust, They used powdered turmeric for curing white leprosy. In leprosy they used the Bhringaraja, Indra baruni, and Nilika. For curing hysteria they used Jangid, a kind of tree now found in Varanashi. They made copious use of horns of deer and roots of Kuda in cases of Phthisis. With the object of freeing the patients from the evil influence of the ghosts and evil spirits, they made use of the roots and branches of the Prisniparni. They also made copious use of Apamarga and Pippali in various kinds of wasting diseases and ulcers. They also made good use of honey in cases of snakebites. The use of cow's urine in cases of goitre and glands afflicting the throat was a special feauture of the Atharvanic school of physicians. For the growth of hairs and also for removing troubles of preventing the growth of hairs and falling of hairs, they made use of Nitanti. The following is an exhaustive list of ingredients used by the Atharvanic sages both for internal and external use : (1) Mukta (2) Swarna (3) Lead (4) Deer horns (5) Apamarga (6) Arundhati (7) Kapitthak (8) Kustham (9) Rajani (10) Mauju grass (11) Jangid (12) Purna Briksha (13) Prishniparni (14) Aswattha (15) Pippali (16) Sami Briksha (17) Dharmi Briksha (18) Aja-Sringi etc.

In the earliest stage of the research in the domain of practical medicines Atharvanic sages used to utter mantras expressing the earnest desires and worshipful prayers to the presiding deities of the diseases and of the medical ingredients. The mantras were peculiarly powerful in the cradication of diseases. Even at the present times, we have been fortunate enough to observe the special efficacies of the said Atharvanic mantras invoking the special powers of the Maker of the Universe to come down immediately and exercise His influence upon the eradication of long continued obstinate fevers which have baffled the attempts of the most veteran physicians of the day. Mantras uttering the names of Rudra, Varuna, Agni, Indra, Agastya are still effective in Bisama Jwara, colic, diarrhoea, hysteria, insanity, heart diseases, cases of poisoning, snakebite, swooning, jaundice, worms, piles, phthisis, spermatorrhoea, sterility, menorrhagia, haemorrhage, headache, loss of memory, loss of consciousness, excessive pain in any part of the body, liver and spleen, ulcer of any kind, kustha or leprosy, various kinds of children's diseases, specially their fever, acidity, tarka, nephritis, colic, diarrhoea, etc. The treatment of increased and inflamed spleen due to frequent attacks of malarial fevers by the utterances of Mantras upon a green plantain and piercing it by means of an iron pin as many times as the mantras were uttered and causing simultaneous piercing and burning pain with inflammatory ulcers on the spleen of the patient concerned having no touch of fire either on the plantain or on the spleen and the patient and the utterer of the mantras standing separately at a considerable distance, is a wonder to the physicians and scientists of the modern world. The inflamed and increased spleen used to come to its normal size within fifteen days after

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the performance of the said procedure of uttering mantras in front of the patient having the increased spleen and with the drying out of the ulcer caused by the piercing of the iron pin into the green plantain.

The influence of Atharvanic Mantras have not lost their forces altogether even in this iron age of ours. About 40 years ago, a man, Krishna Chandra Mandal by name, who was an inhabitant of a village named Mayureshwar—which was the birth-place of Chakrapani Dutta, the famours commentator of Charaka, could perform the above feat for curing cases of affected spleen causing recurrences of Vishama Jwars. An I. C. S. European S.D.O. of the district of Birbhum during British regime did not believe in the above feat and in the possession of the said ability on the part of an uneducated villager and went to him to be personally experimented upon. And to his utter astonishment, when he found the piercing of the iron pin upon the green plantain cause in simultaneous pain with ulcerous inflammations on his own spleen, he requested Sri Mandal to stop uttering the mantras powerful enough to cause the said ulcer on spleen. He rewarded the man handsomely and went away uttering the ever memorable lines of Shakespeare "There are more things in heaven and earth than are dreamt of in philosophy".

But to the great misfortune of the Indians, it must be ascribed that the race of persons possessing the above abilities are no longer existing because of the adoption of hide and seek policy on their part.

Gradually the Atharvanic sages began to wear the roots and creepers as amulets on their wrists and waists and on other limbs of the body for the cure of diseases and then they began to drink water mixed with those roots and barks and creepers of the said herbal ingredients. And then they learnt to make use of their powers and the 'Kwath' or decoction and then Avaleham, and then Modaka and then Asaba and then Arista and then Tailam and Ghreetam made out of them and then Ksharas, Dravakas and Bhasmas of them and last of all their tinctures.

And thus the following different forms of Ayurvedic medicines came into existence.

(1) Swaras (2) Fanta (3) Shitkasaya (4) Kasaya or Kwath (5) Churnam (6) Asab (7) Arista (8) Avaleham (9) Modak (10) Prash (11) Tailam (12) Ghreetam (13) Ksharas (14) Dravaka (15) Bhasma (16) Batika (17) Sura (18) Tincture.

All the above forms of medicines were used for internal use in the latest part of the Vedic Age after Bharadwaj brought the Science of Ayurveda from the Kingdom of Indra. Lepams and poultices made of various herbal ingredients were also being largely used.

From the latter part of the Satyajuga i.e. from Atreya Punarbashu right upto Patanjali, the herbal medicines propagated by the school of Agnivesh and his five other comrades namely, Bhela, Jatukarma, Parashara, Harita and Ksharapani were largely followed and practised. The instructions of Susruta Sanhita were also followed.

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Although Susruta is mainly a work on Anatomy and Surgery, it has also prescribed many medicines of herbal origin for the treatment of many diseases and specially for Purvakarma and Paschat Karma. According to many modern critics, Susruta Sanhita is a much more comprehensive treatise on Ayurveda as both surgical and therapeutical sides of the subject have have been dealt with in the book. So in the Kayachikitsa many of prescriptions of Susruta were freely used by the physicians of the School of Atreya.

The saying current in the society of the Ayurvedic physicians namely

"निदाने माधवः श्रेष्ठः सूत्रस्थाने च वाग्भटः ।
शारीरे सुश्रुतः श्रेष्ठः चरकस्तु चिकित्सिते ॥"

i.e. "Madhav is the best of the pathologists, Bagbhata is the best of the makers of the general principles of treatment, Susruta is best of the Anatomists and Surgeons and Charaka is the best of the physicians." And this saying of the ancient physicians of India remains unchallenged even today as the truths revealed by Charaka regarding the methods of his treatment, remain unchallenged even today. His discussion of the Sadhyasadya is admirable and excites our wonder even in the present times, when antibiotics are holding sway upon modern medical thought and practice.

Charaka left out of consideration about 50% of the diseases enumerated by Madhava in his Rugvinischaya, because of his knowledge of the Sadhyasadhya Vichara and of the sciences of Prognosis or Aristavijnanam put restrictions upon the practising physicians in the following way that

"भेषजैर्विनिवर्तन्ते विकाराः साध्यसम्मताः
साधनं न त्वसाध्यानां व्याधीनमुपदिश्यते ॥"

he is not giving any instruction about the treatment of any incurable diseases as only the curable diseases are cured by the application of medicines. And he is very strongly of opinion that incurable diseases are never cured.

"नासाध्याः साध्यतां यान्ति ।
यान्ति भावान्तरं गदाः ॥"

The treatment given to the incurable diseases may turn their course to different directions for the time being. But it cannot protect the patient upto the end and that after the lapse of a certain time, a relapse is certain and the end is bound to be fatal. And as such he has asked the physicians to be minutely careful about the appearance of signs indicating the bad or good prognosis of the diseaes concerned and has discussed the Science of Prognosis threadbare in Indriyasthana. The prognostical statements of Susruta are also very noteworthy and throw a considerable light on the ultimate end of the diseases about which they have been told. According to Charak no treatment should be given to the patients by physicians desirous of winning name and fame in the society of patients, after the advent of the incurable symptoms. And he has also put a ban on the physicians treating incurable cases namely

"स्वार्थविद्यायशोहानिमुपक्रोशमसद्ग्रहम् ।
प्राप्नुयान्नियतं वैद्यः योऽसाध्यं समुपाचरेत् ॥"

"The physician who treats incurable cases,

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loses his self-interest, knowledge and fame, and creates enemies and loses his cases."

Susruta also says in the same way when he remarks that

"असिद्धिमाप्नुयाल्लोके प्रतिकुर्व्वन् गतायुषम्"

"The physician gets infamy by treating patients who have come to the end of their longevity."

Even Bhaba Misra has voiced the same views regarding the handling of the incurable cases by the physicians.

"सद् वैद्यास्ते न ये कुर्व्वन्त्यिसाध्यानां व्याधीनां चिकित्साम्"
ये कुर्व्वन्त्यिसाध्यानां व्याधीनां चिकित्सां न ते भिषग्वराः।
"They are not good physicians who treat incurable cases."

Injunctions of the above type were powerful enough for preventing physicians of merit from treating incurable cases and thus keeping themselves aloof from all touch of contamination due to receiving remuneration by treating cases which they could not cure. But it had its dark side also as it became a fruitful source of preventing the largest sections of the meritorious Vaidyas from exerting themselves for further research activities in those cases which have been left out of consideration by the Charakian school of physicians.

The physicians of the school of Punarvashu i.e. the Kayachikitsakas of Ayurveda from the latest part of the Satyajuga, down to the age of Gautam Buddha saw the rise of the Rasa Vaidyas into an abnormal growth like the growth of the antibiotics of the modern times setting at naught all the cherished ideas and the time-honoured rules and regulations guiding the practice of medicine from time immemorial, and successfully tried to keep the system of the practice of medicine under watertight compartments for fear of outward contamination. The precautions and rules conducting the system of practice were very strict and severe having far-reaching consequences. They did not allow any medicines to be given to patients in case of the first attack of any kind of fevers during the first seven days of their attacks which they consider to be Ama period of the disease i.e. a period in which the bodily doshas remain in their Apakva Avastha or undigested conditions and as such are capable of being further vitiated due to their being not digested for want of Pachakagni which has come out of the Kostha and has caused the fever in question ("अपच्यमानं भैषज्यं भृशं ज्वलयति ज्वरम्" vide Shiva Das's commentary on Chakra Dutta).

The above method is one of the very strong guiding principles for practising physicians of the school of Punarvashu. Another principle guiding the practice of the Kayachikitsakas of the above period—nay upto the time of Gangadhar i.e. right up to the fag end of the 19th century, was discouraging the practice of making patent medicines according to Rogadhikar system and keeping them in stock in a huge quantity as it serves to render the physician reluctant to think about the Vikritivijnanam of the doshas producing the disease i.e. the peculiar trend that a dosha or the three doshas happen to tell in the course of the progress or regress of the disease in question. But if the physician treating the case

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follows the peculiar trend of the disease and consequently of the doshas—he will be quite unwilling to prescribe the patent medicines prepared long ago without having any reference to the peculiar conditions of the doshas from which the patient in question is now suffering and which surely needs a separate medical ingredient to be added to the prescription of the medicines made in anticipation of some future happenings. And that is why Gangdhar of Jalpa Kalpataru fame seriously denounced the practice of storing patent medicines and jokingly called the physicians so doing as *Barials* or *Bariwalas* or storekeepers of patent medicines and no Vaidyas in the true sense of the term, whose duty it is always to diagnose diseases then and there and prescribe medicines with particular reference to his traits and temperaments which are never the same in the case of Tom, Dick and Harry. Madav collected materials from Brihat Traiyee and wrote his famous book of pathology depending on many occasions on his personal experience, intuition and imagination. Hints given by him and topics briefly touched by him were elaborated in detail by Srikantha Dutta, Vijay Rakshit, Chakrapani and Siva Das Sen. The above mentioned four commentators of Bengal wrote very largely upon the Vikritiijvnan of the Dosa Dhatu Mala Twatta of Ayurveda and various other unthinkable transformations in the course of the progress of the disease they founded the Science of Physiology in Ayurveda.

The western Indologists could not go through the technical writings of these commentators dialating upon the Pancha Mahabhuta Vijnan and the Tridosha Theory of the Brihat Trayee. The accumulation, aggravation and travelling of the Vata, Pitta and Kafa principles throughout innumerable channels or srotas of the body, are nothing but the physiological changes which occur in the body during the diseased condition of the body. Vijay Rakshit, Srikantha Dutta and Shiva Das have noted these physiological changes, and hence described them in their commentaries of these causes of diseases in their Purvarupa, Rup, Vishita Purvarupa, Nidan, Upashaya and Samprapti. All these are technical terms to be understood with the help and guidance of Briddha Vaidyas and Ayurvedacharyyas having wide experience of the progress and regress of diseases in their respective Bhogakala or the period of sufferings.

The western exponents of the Hindu Medicine could not see through the subtleties of Vijay Rakshit based on the understanding of the Nyaya Philosophy of the Indians. And as such they ascribed that the Ayurvedic system of treatment has no physiology. And this state of affairs has emboldened the President of the Chemistry Section of the All-India Bangiya Sahitya Sammelan at Nagpur to declare in public that the ancient Indian Medical system had no physiology. The assertion has no basis to stand upon, excepting the assertion of the Indo-Western Indologists whose writings and opinions are the only sources of information of the modern scientists of India, who cannot go through the original works of

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Indology due to their ignorance of Sanskrit language. And they cannot get the authentic information regarding their own Physics, Chemistry, Botany, Biology, Astronomy and Astrology, etc., i.e., eighteen different main branches of Sanskrit learning. It would be to the infinite delight of the rising generation of India, if the modern scientists of India take a little care to read the contents of the Sanskrit learning from the original and authentic sources before expressing any opinion on them. They should not depend upon the writings of the propaganda literature of the Western Indologists in painting the pictures of the achievements of the Indian scholars not in their true colours. We desire to deal this subject elaborately in the end.

But the physicians depending upon the special potency of a particular patent medicine in the matter of curing a disease care very little about the peculiar turn a typhoid case takes in the course of its progress.

The physicians of the school of Atreya put various other restrictions upon the practising physicians belonging to their own sect. They did not give any credit to any writer of a new book or the propounder of a new theory or the discoverer of a new medicine. Although the original writer of Agnivesh Sanhita propounded the most catholic theory namely :—

"तदेव युक्तं भैषज्यं यदारोग्याय कल्पते ।
स चैव भिषजां श्रेष्ठो रोगेभ्यो यः प्रमोचयेत् ॥"

i.e. the best medicine is what is capable of curing a disease and the best physician is he who can cure a disease.

Thus it was a very difficult task on the part of a new writer of a book on the theory and practice of medicine to get it approved by the practising physicians of the school of Atreya. So when a man of the genius and wisdom of Bagbhat wrote his famous book namely Astanga Hridaya, he was doubtful of its popularity as he was not a sage. He gave vent to his feelings of remorse and protested against the existing stringency and want of catholicity on the part of his fellow physicians who were bent on keeping the science of medicine under water-tight compartments and thereby checking its free flow which conduces to its further growth and development.

ऋषिप्रणीते प्रीतिश्चेन् मुक्त्वा चरकसुश्रुतौ ।
भेडाद्याः किं न पठ्यन्ते तस्माद् ग्राह्यं सुभाषितम् ॥"

i.e. If a book is to be read because it is written by a sage, then why do the people not read the works of Bhela and others, leaving aside the books of Charaka and Susruta. Therefore, a book which is well written should be read. The above sloka throws a flood of light on the history of the practice of medicine, current at the fag end of the Dwapara Juga and in the beginning of the Kali Juga in which Bagbhata became the supreme physician because of his possession of a purely scientific turn of mind having the power of proclaiming to the world for the first time :

"का निर्मन्त्रे वक्तृभेदोक्तिशक्तिः ।"

The possession of an attribute of a certain thing does not vary in the least with the variation of personages reciting it.

Moreover, the physicians of the Atreya Sampradaya were in the habit of putting

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the greatest stress on the possession of the philosophical knowledge of Ayurveda with reference to Sankhya, Patanjal, Nyaya, Vaishesika and Taraka systems of Hindu philosophy. They did always try to curb the activities of a rising physician by testing his merit with the subtle questions of the Tarka system of philosophy.

Thus we see that the Vaidyas of the Atreya Sampradaya were living in a city surrounded by strong walls of fortification.

And that is why since the beginning of the Treta Juga right up to the advent of Gautam Buddha the Rasavaidyas could not make any inroads upon the Atreya Sampradaya. And it is also on this account that we do not find any of the brilliant yougic medicines of Rasa Chikitsa in the Brihat Trayi.

Causes of the supremacy of the Kayachikitsakas or the practitioners of the herbal system of medicine in the Kritajuga, Treta and Dwaparjugas and also in the beginning of the Kalijuga.

(1) The herbal medicines can be procured easily.

(2) Medicines can be prepared more easily from the herbal ingredients and at a lesser cost.

(3) They can also be applied with greater confidence and lesser anxiety.

(4) Want of public propagnda against the use of herbal medicines.

(5) The cost of the herbal medicines are much less than that of the other kinds of medicines.

(6) Whereas its counterparts, the medicines of the metallic school of physicians are to be procured with greater difficulty.

They are to be prepared with even greater difficulty. The methods of preparing them are also not easy. And there are many counter-propagandas against the metallic medicines such as the preparation of Harital and Parada Bhasmas causing the extinction of the Vansa or the lines of the preparer of the said medicines. Thus we see that a feeling of animosity slowly grew up between the Rasavaidyas and the Vaidyas belonging to the followers of the herbal medicines. The physicians of the school of the Atreya had no feeling of animosity against the Dhanwantari Sampradaya as is proved by the frequent occurrence of the remark namely

"तत्र धान्वन्तरीयाणामधिकारः क्रियाविधौ ।
पराधिकारे न च विस्तरोक्तिः ॥"

i.e. "There it is the province of the Dhanwantariyas or of the physicians belonging to the school of surgeons. We should not talk much in the domain of others".

But while speaking of the attainments of the Rasavaidyas and of the efficacies of their medicines, the Kayachikitsa Sampradaya did not use such expressions of courtesy. Moreover, they called them as Pashana Vaidyas or Vaidyas having no knowlede of the philosophical side of Ayurveda and not believing in the influences of the Tridosha Theory of Ayurveda.

(To be continued)

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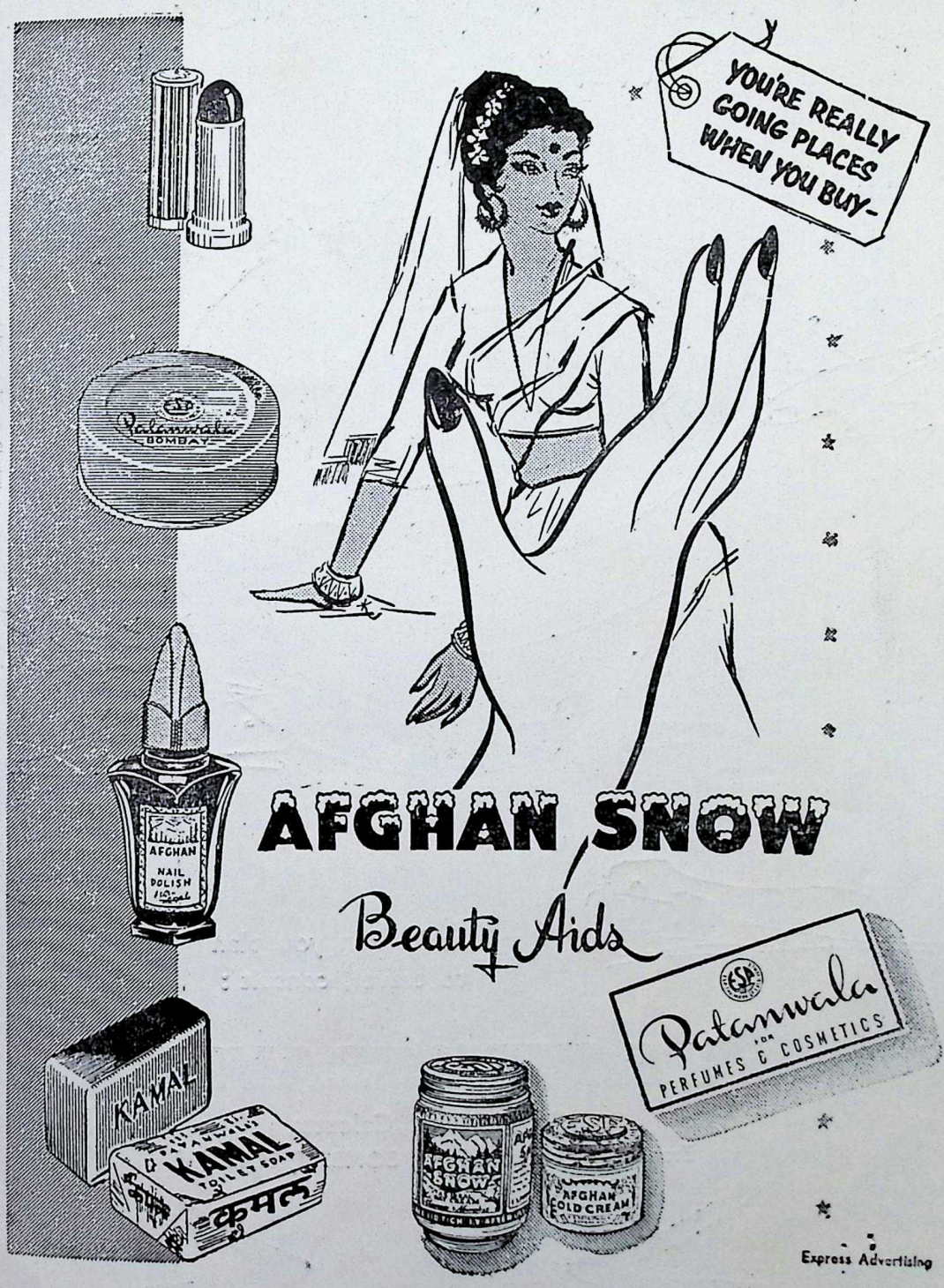

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THE STUDY OF "MANOJ"

Analysis of the Sex-Impulse

Dr. Baldev Sharma Shastri, Ayurvedacharya, Ayurveda Brihaspati, B.A., D.Sc.A., M.N.M.S. (Berlin), M.I.P.A., (Vienna).

The two great basic principles of all animal life are said to be (1) self-preservation by nutrition and (2) procreation through the sexual function.

The attraction between the two sexes, and its ultimate result, copulation, is termed as the normal sexual impulse.

The proper analysis of the sexual impulse is to find out the primary factor or process, which impels all living beings to seek sexual gratification.

The simplest definition of this impulse, which we meet with among the Western exponents of the sexual science is that presented by Montaigne, and still held in part by the leading modern scholars on sex, which regards the sexual impulse analogous to the impulse of evacuation.

The impulse of evacuation is spasmodical, relieving the tension produced by fulness, as in the case of the bladder. The sexual impulse is thus, believed to be analogous to urination, depositing, sneezing etc., with this difference that the friction occasioned by the seminal fulness and discharge affords the greatest amount of pleasure, and that owing to the great suppression of this excretion and its effect on the whole of the organism, unlike other excretions, the tension termed as tumescence, is very great and so its discharge, i.e., detumescence affords the highest joy of relief. The term tumescence first employed by Moll and then detumescence by Hevelock Ellis denote the idea that sexual desire is produced by the physical tension in the seminal sacs and the discharge brings about a relief.

Some of the modern writers believe that even the psychical sexual effects, prominent among the human beings, are caused by this process of tumescence ; secretions of the sexual glands, exciting the nerve-centres.

But this theory of tumescence, as Havelock Ellis has in detail discussed, does not stand scientific criticism. The observations carried on by Lancaster, Guinard, Marie, Goltz, Steinach, Nussbaum, Colman, Clara Barrus, Macnaugh-

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ton-Jones, Bridgman, and others, show that the absence or removal of either the seminal sacs, testes or even all the sexual glands, does not kill the sexual impulse. It very often does not at all affect the sexual impulse, and sometimes even increases it, though it leaves the animal incapable of procreation.

The idea of tension moreover has no meaning in the face of Steinach's experiments which proved to him that the seminal receptacles were empty before coitus, only becoming gradually filled during coitus.

And, as Havelock Ellis has pointed out, the amount of fluid emitted in sexual intercourse is altogether out of proportion to the emotions roused by the act.

The after-effects of the seminal discharge on the organism are, moreover, not like those of the evacuation of the bladder or bowels. In fact, complete continence is generally believed in many ways beneficial.

I have come across numerous instances in my own practice, which have forced these truths on me that—

(a) The sexual impulse is independent of the activity of the sexual glands ; or tumescence.

(b) Tumescence is rather the result of the workings of the sexual impulse. Or

(c) it also acts to some extent as a stimulus to the rousing of sexual impulse like other external stimuli. But the primary cause is the sexual impulse, itself.

(d) And lastly that the impulse is deep-rooted in the very psyche and has its beginnings with the very manifestation of "life" in all the living beings, as if it were the very essence of life itself. The material or physical manifestations are a means of its expression, only secondarily serving as its stimuli.

Let us explain the four points one by one.

(a) This point has been well explained by the foregoing observations. But the following too have come under my observation.

Numerous cases, where even under normal condition of the sexual glands, testes etc. and a healthy robust constitution, complete loss of erectile power occurred. In such cases, though all the causes of tumescence were present, there was no erection.

There have been others, who though addicted to excesses since the very childhood and physically exhausted, retain throughout, even in old age, a normal sexual impulse and erectile power. A patient reported to me that after performing intercourse nine times during one night, the long attempt to bring about a discharge for the 10th time, resulted in a discharge of blood, instead of semen. I have also received numerous reports, where after indulging in intercourse for some times, no discharge took place even though erection was maintained as long as desired. Then there are normal healthy women who, even though they have lived a married life for

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years, have never even once found any pleasure in or desire for the sexual act.

In cases of priapism or sometimes even with normal erections too, there is absence of sexual desire even though erections are strong. Erections in infancy, for instance, prove the same principle.

Facts such as these show us that even though tumescence i.e. fulness of seminal sacs, friction around them or pressure on them, of bladder etc. may cause erection and arouse sexual desire, yet, as both erection and sexual desire may be absent under normal healthy conditions, and as also erection and sexual desire may be very strong, where causes of tumescence are absent, the primary sexual impulse seems to be independent of all physical phenomena and has power not only of producing erection even though physical causes of tumescence, semen, secretions etc. may be absent, but even of checking erection, even when physical fitness and causes for tumescence may be normal. How certain psychical influences may inhibit the sexual power of erection and discharge among physically fit persons, shall be fully dealt with later on.

This brings us to the second point ;

(b) That sexual impulse seems in fact to be the primary cause of the condition of tumescence, the result of the workings of the primary sexual impulse.

The cutaneous sensations produced by fulness, and friction on the sexual glands may act as stimuli. But these may arouse sexual desire and cause erection, only when the sexual impulse may not be under any psychical inhibition, to cause a check on the erectile power and the sensual pleasure involved therein. This action of the condition of tumescence, working as a stimulus to the impulse, is wrongly believed to be the primary cause of the sexual impulse. This brings us to the relation between the primary cause, the main force i.e. the impulse, and the physical sensations, which when aroused in the sexual glands are termed tumescence.

The third point will clarify it.

(c) The physical sensual sensations produced either in other parts of the body, by touch etc. or in the sexual glands by fulness, pressure and friction, do act as a stimulus to the already existing sexual impulse, like other external stimuli ; for example, the sight of a beautiful woman or a nude woman (through the eye), a sweet tempting voice (through the ear), a delightful smell (through the nose), or a woman's touch etc. through cutaneous sensitiveness. The voluptuous sensation felt in the sexual glands and the genital organ are merely a result of heightened cutaneous sensibility. They affect the organism similarly as other exrernal stimuli do through senses, though only in a much higher degree.

To say that the external or internal factors of cutaneous or other sensual sensibility, are the primary cause of the sexual impulse, is, as if to ignore hunger and establish the sight or taste of nice eatables as the primary cause of the "hunger" impulse. Is not it always the hungry stomach which is affected by the external food stimuli ? An upset stomach would

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not be affected by foods placed on the very tongue ; while a really hungry stomach would enjoy the coarsest food. Similarly, we know of marked degrees of difference, with which the external stimuli have their effect according to the manifestation of the primary impulse, in different individuals. Music has likewise no appeal to one who has no musical instinct. Even the sexual stimuli and physical causes of tumescence cannot arouse sexual desire, if the inner impulse is in any way phychically inhibited.

The very fact that the same provocative cause or stimulus does affect each and every individual in a manner absolutely unique and then does not affect a good many others at all, is proof that there is a psychic cause behind all these physical phenomena, the primary motivating as well as controlling force residing in the psyche.

So that we have to say that no stimuli external as well as internal, i.e. coming from within the body itself, can create an impulse. All senses including the sense of touch, which is responsible for the excitement and pleasure that it affords in the stimulation and manipulation of the sexual parts, serve as secondary stimuli and source of expression and gratification for an already existing impulse.

Conclude :—

(d) That the impulse is something deep-rooted in the very psyche and has its beginning with the very manifestation of "life". "आत्मा वै कामः" This ancient saying places sex-impulse along with the soul itself.

Let us say then that just as the impulse of hunger is a cry of life-instinct to preserve itself, so is the impulse of sex a natural instinct of life to express and expand itself. Contact with the exterior world, love and the urge to happiness and pleasure are manifestions of this instinct. It is, therefore, that all self-expressive and expanding tendencies are the right channels for the sublimation of the sex-impulse. Art, universal love, service etc. are all such channels.

The Etiology of the disorders of the Sex impulse.

That a steady degeneration of the sexual powers is taking place to-day, is a fact which scarcely can escape the attention of a practitioner in medicine. That this degeneration is the natural accompaniment of of the general physical degeneration, is our almost unanimous conclusion. The etiology, therefore, of all the disorders of the sexual instinct is usually based on causative factors, supposed to be purely physical.

No attention has so far been paid to the influence that "Psyche", the real source, has, on the evolution and regulation and regulation of the sexual instinct, though even Ayurveda has in clear terms laid down eight phychical inhibitions as causes of impotence, standing in clear contrast to the physical cause. Charaka has has laid down 9 causes of impotence, one of them being "क्षय" that is, physical degeneration, the remaining eight being purely psychical,

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are either completely ignored or recognised just secondary and unimportant.

क्षयाद्भयादविश्रम्भाच्छ्रो कात्स्त्रीदोपदर्शनात् ।
नारीणामरसज्ञत्वादभिचारादसेवनात् ॥
तृप्तस्यापि स्त्रियो गन्तुं न शक्तिरुपजायते ।
देहसत्वबलापेक्षी हर्षः शक्तिश्च हर्षजा ॥

The very Sanskrit name "मनोज" for sex-impulse shows that it is a product of mind and the last line quoted above from Charak sums up the whole theory that sexual power is the direct result of "हर्ष" i.e. libido, a purely psychical condition. And this is what the line explains or the wording would have been, not देहसत्वबलापेक्षी हर्षः शक्तिश्च हर्षजा but something like देह सत्वल हर्षा पेक्षीनी शक्तिः । The wording, as it is, clearly indicates that sexual power is primarily dependent on "हर्ष", the psychic urge.

It is surprising how remarkably sensitive the libido is to the slightest psychical disturbance, देह and सत्त्व being like the two wheels of a van, which, though essential requisites for the motion of the van, are but the secondary ones ; the primary motivating and controlling force being the driver, who drives and controls the horse.

And before I proceed to explain and illustrate the main psychical inhibitions, which I believe, are responsible for the sexual wrecks of to-day, permit me to point out here a few very common facts, which directly indicate the overpowering influence of psyche over physique in the matter of sex. They have, out of some reason unknown to me, been overlooked so far. May be the habitual repugnance, which the elders feel, as they observe rigid secrecy towards everything connected with sex, is responsible for their inability to note even some very prominent feautures pertaining to the sexual wrecks and their treatment. These feautures are contra-indications to the etiology of impotence based on purely physical causations. And this repugnance, developed, more often than not, out of a show of morality, forbids sympathy with these poor creatures. They are only made ashamed of their misdeeds, which, as I would show, have very often little influence in the development of their ailment, but which due to ignorance, are supposed to have caused all the havoc.

Here are some prominent feautures common enough to all sexual weaklings.

1. That the educated and civilised community is affected more by the modern curse of sexual incompetence.

2. Very often the best medicines cannot help them, while the rough and rustic class are susceptible to the influence of even the cheap common drugs.

3. That the victins of sexual debility are almost all sensitive, shy, capricious, nervous and have no confidence in themselves in all walks of life.

4. That youngmen and not the aged, constitute the majority of these sexual degenerates.

5. That many physically fit powerful men are sexual failures ; while many others, frail and physically exhausted, show marvellous sexual vigour.

6. That many reckless debauches keep up excellent vigour upto the old age, while

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many very scrupulous abstainers and health-maniacs develop various sexual disorders and neurosis.

7. That sexual disorders and physical disorders ascribed to be the harmful effects of mastrubation etc, usually begin with the knowledge imparted to the patient, through some friend, adviser or physician, about the so-called disastrous results of self-abuse, nocturnal emissions, spermatorrhea etc. This fact I have ascertained from hundreds of cases and I have accordingly found it to be true.

8. That many men are strong with a certain woman and weak with another, while there are some, who are weak at certain times and strong at other times.

9. That very often impotence sets in all of a sudden, i.e. the beginning of it is abrupt related to some psychological incident.

10. That even among the so-called impotents, morning erections are present and that among a good many cases, erections, though present otherwise, disappear as the individual attempts coition.

11. That even the strongest man cannot muster his strength while he is under some mental embarassment, worry or perturbation, specially if he be of a sensitive and thoughtful nature.

12. That the happy-go-lucky devil-may-care kind of a fellow never complains of sex-weakness in spite of excesses and misdoings.

All these reflections would suggest to you that there is some superior power, which influences and controls the sex-instinct independent of physical factors. That power is "psyche"; consciously or unconsciously working in every person and controlling his sexual power.

The question of the importance of such a discussion, I presume, can very little be doubted, except perhaps for reasons of a far-fetched sense of modesty, which I believe is just the cause of the manifest negligence of the elder practitioners of to-day in making a comprehensive analysis of the problem of sexual fitness.

But let us hope that the scientific mind would soon embrace all possible fields, which in any way affect the happiness of humanity in general.

That this question is of very great importance for human happiness, cannot be denied. But the question bears a grave importance especially to those who have had an intimate knowledge of the secret sexual life of the people and their woes. Dissatisfaction in the sexual sphere, in fact over-shadows all other sources of happiness. To a man, who has lost his manhood, life is a tragedy and his very existence a disgrace to him. A constant depression, a feeling of peevishness, lethargy and absolute lack of even a moment of real joy become his companions. And apart from the woe, that fills his existence, he loses a great amount of his natural efficiency, in all walks of life. Success, therefore, may come to him but seldom and real progress may become a life-long dream for him.

Even to the woman who is wedded to such a man, life holds no charms. She submits to her cruel fate and carries on a woeful existence or is caried away by

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temptations which may engulf her into a life of shame.

Like man, even a woman may be frigid, i.e. devoid of the power of sexual enjoyment. This frigidity may not only be a eause of misery to her, but a source of dissatisfaction to her man and discord between the two.

So let us repeat again that a question of such a momentous importance has so far been practically neglected, for no other reason, but that of modesty, enemy of science.

Viewing the paramount importance of the question, allow me to explain and illustrate to you the main psychic inhibitions as enumerated by Charaka.

But it must not be forgotten that all these psychic conflicts affect the individuals according to their psychic constitutions, which are determined by the influences, reactions and experiences they receive in their childhood. So that some very coarse-minded or thick-skinned persons are practically immune to these psychic disturbances, unless they be of a very acute character, which, of course, overpower everybody ; while the intellectuals, neurotics or very sensitive types succumb even to very slight and remote disturbances. Fear of being killed is an acute kind of fear, which would make every normal human being incapable of performing the sexual act. On the other hand, fear of God or society is a fine and remote type of fear, but even such a fear has an inhibitive influence on the thoughtful sensitive minds, more especially on the religious and conscientious.

Fear भय

To discuss the first. Fear is perhaps the most potent of all psychic inhibitions.

The following may be noted. Fear of being exposed, defamed or detected. Fear of God or pangs of conscience under the consciousness of committing a sin. Fear of infection. Fear of pregnancy. Fear of becoming weaker or becoming a wreck through dissipation. (This fear is very common among those who prize "ब्रह्मचर्य" or continence and brood over every drop of vital fluid lost. This fear is often responsible for sexual weakness in many cases. The knowledge or the beginning of the consciousness of having lost a great deal of the vital fluid establishes in such cases the primary cause of weakness. It begins gradually to rob young men of their confidence, courage and composure. A constant storm rages in their minds which keeps them melancholy, absent-minded and despaired of everything. Not a few of them think of committing suicide. The pity is the more they worry over the theme, the more aggravated their symtoms continue to become.

Then also the fear of losing erection on the proper occasion which creates nervousness. The fear of being considered weak or impotent by the woman, and also the fear of premature ejaculation. Nervousness of this type sometimes makes the first wedded night an ordeal for some.

Lastly, let me mention that there may be fears arising out of superstitions. Among the religious-minded, superstitions may be unlimited, but even among the free-

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thinkers, superstitions may lurk in the subconscious region as the result of impressions received in childhnod. It may be some superstition or the other or it may be just a word of warning or curse, uttered by an elder or someone else, which might lurk in the unconscious region for years to come.

Among the family-slaves there may be two peculiar kinds of superstitious fears viz., fear of committing incest and fear of the mysterious presence of father and mother. Fear of committing incest may arise out of fixation upon some family member, sister or mother, whose presence the patient compulsively feels everywhere. The fear may also be of the presence of father, mother or any other person, who has had a powerful influence on the patient's mind. The patient's unconscious thoughts are : "What if my father were to be here and see what I am doing. Perhaps he is looking at me or knows all that I do. What would he say if he knew, etc.

But superstitions may be unlimited in variety and mostly lurk deep in the unconscious and are therefore to be assiduously analysed by the physician.

Diffidence अविश्वास

Let me take up the second now. Diffidence in one's own sexual fitness is surely the most frequent and almost always an additional cause of all other causes of sexual debility. It may arise either out of knowledge, imparted to the patient, as I have already pointed out, about the serious consequences of the loss of vital fluid or of the habit of self-abuse, or it may result out of failure at a particular occasion due to some other temporary cause like fear, nervousness, anger, grief, etc.

I may point out here that all the causes of sexual debility (I mean, only psychic) are either temporary or lasting. Fear arising out of a particular situation would be temporary, while fear as a result of some superstition or cause would be lasting. But failure due even to a temporary cause does give rise to the idea "I have become weak" which robs the patient of confidence in himself for future. This non-confidence then works as a lasting cause of debility.

Confidence in these cases can only be re-awakened by explaining to the patient, the starting cause of his failure, which would not have robbed him of his power, had he not lost confidence in himself; realising the temporariness of the cause of the failure, in its origin.

Confidence, in cases, where knowledge of the disastrous consequences of losses etc, as mentioned above, is responsible for the havoc, cannot be reawakened in the face of false notions, prevalent among the physicians, who are as yet ignorant of the vast amount of scientific observations and psychological insight that the pioneers of psycho-analysis have brought before the world.

I have called them false notions, by which I mean, notions about the dangerous consequences of masturbation, nocturnal emissions, etc. It is not masturbation which is responsible for the disastrous results

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supposed to be its consequences. It is the physicians, who in their zealous show of strict faith in morality and purity, present the most horrible pictures about the ill effects of masturbation etc. In fact, they are directly responsible for making even healthy youngmen into physical and mental wrecks.

As naturally, the words of a physician must have a lasting and potent impression on the patient, condemnation of masturbation etc., in the terms usually used, creates in the mind of the patient, despair and conciousness of having committed a ghastly crime, of having lost all his vitality and of being doomed to live as a physically and mentally ruined man all his life. He loses confidence in himself not only regarding sexual fitness, but even with regard to all other capacities for progress in life. The result is destructive and piteous. In some very sensitive and neurotic types the consequences turn out to be horrible, leading them to insanity and suicide.

Most of the youngmen to-day, who complain of weaknesses of all kinds, nervousness, palpitation of heart, inability to work and to concentrate, constant depression, lethargy, forgetfulness etc, are all suffering from this loss of confidence, and despair ruining their lives.

To create confidence in cases like these would give them new life, new energy and make men of them. Physicians should take care not to depict horrible pictures of the effects of masturbation etc. They do immense harm to humanity by doing this. And the idea that masturbation does any harm has been, of long, proved to be utterly unscientific. Consciousness connected with the idea of masturbation gives a guilty conscience to the patient, which naturally makes him mentally and physically ill. Even this should be removed from his mind.

Even those who have indulged in sexual excesses or have been suffering from nocturnal discharges or spermatorrhoea, begin to feel a similar sort of feeling of diffidence and despair, when the knowledge of the alleged serious consequences of seminal losses are cruelly explained to them. To re-establish confidence in them, the physician has also to explain to the patient the psychic origin of the power of sex. And the physician would do so on the strength of the fact that no amount of loss of semen would bring about extinction of the sexual power, provided there is no inhibitory conflict present in the mind of the patient. Excessive loss of semen only demands a proper amount of rest and nutrition. And nutrition in the form of normal diet does almost dispense with the necessity of any out-of-the-way rest. So that, inspite of proper diet and tonics, the malady persists, the psychic nature of its cause is evident.

Apart from the above-mentioned two causes viz., diffidence aroused by failure at a particular occasion and diffidence aroused by the knowledge of the serious consequences of losses etc., superstition, which may have its root in some childhood impression or personal conviction of the patient, may also be one.

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Grief शोक

Grief is the third mental disturbance, which inhibits man's sexual competence. (All the psychic inhibitions have an equal influence over woman). And under this influence she loses desire and the capacity to achieve pleasure in the sexual act. A man in grief—whether at the loss of some dear one or at some pecuniary loss etc.—may rarely be potent. The effect would indeed vary according to the psychic build of the person concerned. Grief may often be just the starting cause of sexual debility, diffidence taking charge afterwards. Patients who remain constantly under the influence of grief over their sexual incompetence, add one more cause to the persistence of their disease. Grief over the sins, one considers to have committed, and also over one's fate and circumstances should be noted here.

Defects Seen in the Partner स्त्रीदोषदर्शन

Coming to the fourth inhibitory cause viz., hatred towards or disaprobation of, the partner, we find ourselves face to face with a problem which is at present consciously or unconsciously shadowing almost every home.

The physician may note that in every case of sexual debility among married men, the first essential should be to ascertain the extent to which the man likes or dislikes his wife.

I am using the word hatred here as a comprehensive term, including herein, even disaprobation of the woman for any faults or defects of hers. As natural, the effect of this would vary according to the individual. Those, who are not neurotically disposed, carry on a wretched married life, without being exactly impotent, even though they may be fed up with their wives. But, that a good amount of their potency, libido "ह्रस्व" and capacity of enjoyment they do lose, cannot be denied. And this psychic conflict only creates a constant depression in them, with a feeling all along of dissatisfaction with everything that life offers them, changing their optimism into pessimism.

Defects in one's wife, you may find almost a universal cause for the starting point of sexual incompetence among married men. But to analyse whether a hatred exsists, is sometimes one of the most difficult tasks for an analyst. Sometimes the patient would vie that he madly loves his wife, but a careful analysis of his dreams would in the end reveal that he has been cherishing an unconscious desire even for his wife's death.

Do not forget that patients do not only not confess it to the physician for a long time, but they continue deceiving even themselves for a considerable period, until the truth is driven home to them in a proper way by the physician. Patients would quarrel with their wives, and lead a wretched married life, but they would tell you they love their wives. Do not trust them. Analyse and try to investigate whether he is satisfied with his wife in all respects.

To enumerate below some of the important aspects of the problem :—

To begin with, a man many not like his wife from some aspect of physical

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beauty. Every man has his own strong likes and dislikes, and the idea of physical charm varies to an extent not generally thought of. If one likes slim women, the other likes stout ones. One likes fair complexion, the other prefers dark ones. Then if one is very keen on the face, other cares only for the body. So is the case with the taste in dress, hair, ornaments, etc.

Secondly, a man may not like his wife's temperament, nature, demeanour, habits, etc. He may also be minding her lack of education and culture. But here too the tastes differ. One may like a bold, sociable type ; another may like a simple shy nature. One may like a passive, passionless woman ; while another may want a boisterous, active, voluptuous woman and so on.

Thirdly, the woman as she advances in age, becomes loose in body and the husband begins to feel gradually an aversion towards her. Very often after the woman has given birth to a child, the aversion sets in and the man begins to look for tonics. To some minds child-birth and its picture becomes a cause of aversion.

A dispute or bitterness between the husband and the wife's parents, may also be a cause of hatred or anger though only temporarily towards the wife.

Personal quarrels between husband and wife may develop into aversion towards each other.

Man may suspect the woman is faithless to him, or he may be in possession of knowledge about her misdoings. The hatred thus caused, may rise to an extent, that the man may begin to cherish a desire for her death ; or even the death of their children. Here we refer to that type of man, who suppresses such a desire, often tries to make himself believe that he cannot possibly be so mad and foolish as to wish like that. The result would be that after a period the desire is thrown into the unconscious and he almost forgets it as if he never had such a desire. But the unconscious desire not only continues to make him sexually weaker, but it also makes him feel perturbed, and sometimes horror-stricken at the mere presence of his wife, what to say of having proper sexual relations with her.

A very delicate psychic mechanism, working in the minds of thoughtful and ambitious people, may make them secretly hate their wives, when their work, ability, art, ideals or personality are not appreciated and admired by their wives. This may also make them sexually weak.

In the art of being a good wife should be included—the art of keeping the husband's vanity regarding his abilities, sexual strength and his personality, fanned up. Many cases of sex-weakness could be summarily cured, if the wives stopped criticising their husbands and began appraising their qualities in their profession, work and also sex-business. But it should be done tactfully, so that the husband believes in their sincerity.

Hatred towards one's own self may also be a cause of sexual weakness. The man may think he does not deserve his wife.

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Frigidity Seen in the Partner अरसज्ञत्व

The fifth psychic form of inhibition constitutes अरसज्ञत्व i.e., ignorance about the ways of sexual enjoyment. (I have not mentioned the word "नारीणाम्" as I mean to convey that women's lack of this knowledge may make men impotent; and that of men, may make of women frigid.) This may be well pointed out that this "अरसज्ञत्व" cannot be called a psychic disturbance. But the following details would explain that it is.

All over the world, where women are backward and kept ignorant about sex matters, homes very rarely are a source of solace and happiness to men. Men take to adultery, finding satisfaction with the low type of women, who know the ways, that their wives lack. Similar is the case with women, whose men are ignorant of this art.

The paramount necessity of this knowledge becomes manifold, when we take into consideration the fact that the psychic sexual requisites differ almost in the case of every individual. Every individual, in accordance with his early impressions and experiences received in childhood, prefers certain methods and preliminaries in the way of love-making and general conduct as husband and wife.

Here comes, therefore, an important task for the physician. Let him find out the patient's sexual requisites, and make his or her partner intimated with them, so that each understands and fulfils each other's sexual requisite. This would make every home a paradise, bringing satisfaction and happiness to man and woman both.

But even laymen and women, provided their expression of sex has not been stifled by traumatic influences, have intuition enough, born of nature, to sense the peculiar likes and dislikes of their partners. The resultant mutual adaptation would work wonders. Nuptial happiness would achieve its ideal. Inhibited sex-power would, automatically, be restored to normality.

It is not difficult to imagine that a frigid wife, devoid of desire, leaves the husband cold. An expression of disgust for the sex-act on the part of wife, may kill all the desire and strength in a man. Frigidity or absence of mutual response, is a psychic inhibition, in as much it is psychic in its origin and produces psychic reactions in the partner.

Love Gone Astray अभिचार

The sixth psychic inhibition is "अभिचार" i.e., love directed elsewhere. Though the theme bears great importance, it nevertheless needs no lengthy explanation. It is but natural for a man or woman, if in love with a person other than his sexual partner, to be cold and unresponsive towards the partner he or she does not love. In fact, it may create disgust and hatred for that partner.

But do not think it is an easy matter to ascertain in such cases whether a person really loves his wife. Self-deception is a common occurrence and the physician should not take the patient on his word. Let him find out in the analytic way where the patient's love is centred. Sometimes the analysis would reveal that the patient, who

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at first swore he loved his wife and nobody else, was all along in love with some other person.

Abstinence असेवन

This brings us to the seventh cause, creating an inhibitory psychic condition in a man or a woman. That is "असेवन" i.e. the absence of sexual enjoyment. A man or a woman who abstains from sexual intercourse for a long time is supposed to lose his sexual power. Does that mean that ब्रह्मचर्य or continence is conducive to degeneration ? The ancient Indians have lavished unbounded praises for the benefits of continence and the glorious achiements to be secured by its observance. How could an ancient Indian author depict it as in any way harmful ? The reader will be able to put aside this question, if he does not confuse the moral and spiritual benefits accruing from its observance, with its effects on the sexual desire, which it wants to kill.

It must, therefore, be admitted that, continence, and complete absence of sexual intercourse does produce a psychical condition, which inhibits the working of the sexual function. The condition may take any of the following forms according to the circumstances in which continence has been carried out or according to the psychic constitution of the individual.

(a) Either the desire for woman becomes completely extinct, (and loss of desire means loss of sexual power ; desire being the originator of sexual power.)

(b) Or the desire gets centred around some imaginary objects or scenes, which the individual cannot or dare not realise in the material world. This is the result of continence improperly observed and also of leading a life of forced abstinence and the eventual indulgence in lascivious fantasies and masturbation. Under conditions in which one cannot get something for which a latent and potent desire persists consciously or unconsciously, the mind, as is natural, always dwells on the same desire, and keeps creating to itself a series of mental images, which become the only source of satisfaction to him. So that after a time he gets so much used to them and they become so real for him that he clings to them. The realities that the material world offers him become but too crude, prosaic and imperfect as compared to his mental paradise, without the interference of the scrutinizing world or the difficulties that reality offers sex-inefficiency in such cases is due to dissatisfaction, disgust or timidity, aroused by the situation which reality presents.

All masturbaters take to day-dreaming for this very reason. And you would find that all such people, who are not satisfied with the realities they live in, are addicted to the said imaginary living. You would find them absent-minded often falling into a sort of reverie of a series of imaginary fantasies.

It requires the technique of analysis to find out their specific fantasies, which after a time develop into multitudinous forms of apparently meaningless fads.

This mental process may create desires which are fixed on objects, which for a

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normal human being may not have any values as objects of sexual interest. The dreamer may have made himself used to them, finding them the only source of pleasure that came within his reach. Such are the people who become homo-sexuals, perverts, inverts and fetichists.

(I may point out here that impressions and experiences received during childhood determine to a great extent his fixations on particular images or objects. The physician has to take into consideration all the factors).

It is but natural that these people would find themselves dissatisfied with their sexual partners and their mental attitude being unfavourable, they would find themselves incompetent for normal sexual relations. It is a fact commonly known that genuine homo-sexuals find neither any desire or power nor satisfaction with a partner of the opposite sex ; but they exhibit normal sexual power in homo-sexual relations.

Satiety तृप्ति

The eighth and the last cause which also brings an inhibitory mental state is, viz., a feeling of satiety with regard to a particular woman. This diminishes or kills the desire of man ; ipso facto his sexual vigour.

In a union devoid of love man gets physically satiated with a woman and after a period, which varies in every case according to the attractions the woman possesses and her skill and intuition to keep up his interest.

This is generally the cause among normal persons too, of sexual weakness, in advanced age. The real sexual power, in fact, remains the same and can be revived at any age.

Even among libertines the feeling of general satiety is greatly responsible for gradual sexual debility.

The enormous sexual power in the early youth, is the outcome of strong passion, desire, curiosity, and warm credulous nature, which makes people easily infatuated in their youth. Compare with it the mild satiated desire, familiarity, a spirit of daily routine and a mind incredulous, realistic and wearied out of strenuous busy life, which is the case in middle or more so in advanced age. What could you expect out of such a state of mind ?

This very power, which thus seems to have been lost, the man of even advanced age may one day find revived, when he falls in love, or by remarriage or otherwise, gets a young woman for whom a new passion is born in his mind. The following lines from Charaka are noteworthy here :—

वयोरूपवचोहावैर्या यस्य परमाङ्गना
प्रविशत्याशु हृदयं दैवाद्वा कर्मणोऽपि वा
हृदयोत्सवरूपा या या समानमनोरमा
समानसत्त्वा या वश्या या यस्य प्रीयते प्रियैः
या पाशभूता सर्वेषामिन्द्रियाणां परैर्गुणैः
यमा वियुक्तो निःस्त्रीकमरतिर्मन्यते जगत्
यस्या ऋते शरीरं ना धते शून्यमिवेन्द्रियैः
शोकोद्वेगरतिभयैर्यां दृष्ट्वा नाभिभूयते
याति यां प्राप्य विस्रम्भं दृष्टा हर्षत्यतीव च

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अपूर्वामिव यां याति नित्यं हर्षातिवेगतः
गत्वा गत्वापि बहुशो यां तृप्तिं नैव गच्छति
सा स्त्री वृष्यतमा तस्य नानाभावा हि मानवाः

To sum up, these lines mean :—A woman could be the most effective help to the rousing of manhood—provided she is in every way pleasing to the man. She should be of similar likes and dislikes, completely under his command, and an embodiment of all charms and qualities, *which he holds as ideal.* Without her he feels his life empty. In her company he feels free of all worries, fears, misgivings. And last of all he does not get wearied of her. Every time he finds new attractions and charms in her—so that he never has enough of her. The reader must have grasped the vital significance of desire, as the primary cause of the manifestation of sexual potency. It is, therefore, the object, i.e. the woman, and the desire she can arouse by her charms and ways in a normal man upon which his sex potency solely depends. No other factor, age etc. matters.

Dr. Stakel's one sentence sums up the whole thing :—

"The acme of masculine power does not depend upon age etc., but on the sexual object placed at its disposal".

वाजीकरणमग्र्यं च क्षेत्रं स्त्री या प्रहर्षिणी

This line from "चरक" corroborates the same truth. It means : The most effective aphrodisiac is the woman who charms and rouses desire.

This finishes the main heads of psychic inhibitions. But these details are far from being exhaustive. The physician will find novel studies in each case. If you apply solutions literally or mechanically, you will have no success in this field.

Analysis

As I have already pointed out, these psychic inhibitions often lurk in the subconscious and it is seldom that the patient himself knows the truth. Psycho-analysis is the way to analyse the patient's subconscious mind. Physicians, ignorant of that method should use their own intuition and ability to do it.

Treatment

It is not mere suggestion, as the ordinary physician would suppose, that would remove the inhibitions from the patient's mind. The phycho-analytic method in fact condemns suggestions and hypnotism as artificial methods of cure. It takes to itself the task of making the patient live his past life and so revive his subconscious memories and thoughts. Knowledge of the subconscious means, it no more remains subconscious. The particular subconscious content having been made conscious, there remains nothing for the analyst to do. Ego and intellect react properly against conscious thoughts and can control them. It is the unconscious material which is always beyond control and reigns lawlessly and produce compulsive phenomena and creates disturbances in normal activities.

But there may be thoughts based on facts, which the patient cannot remove. For instance, if a person knows full well his

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wife has a lover, how can analysis help him ? The answer is that conscious thoughts are not capable of producing mental inhibitions at all. You can only find the truth by experience. From the time the unconscious conflicts have been made conscious to the patient, symptoms begin to disappear gradually of their own accord. This is what happened in the case of a French girl, who was under the treatment of Dr. Breur and Dr. Freud. This was in 1893. The doctors put the girl under hypnosis, which made the girl remember a great deal which she had forgotten. And to their astonishment and to the woman's relief, her hysterical symptoms began gradually to disappear, as she went on narrating her past life to the doctors. She lived over the particular incident of her life, that was weighing heavy on her heart. By association even the suppressed forgotten thoughts loomed out of the subconscious and relieved her of her hysteria.

It was this remarkable phenomena, which gave rise to the theory of psycho-analysis. Even Charaka has hinted the magic of placing confidence in and talking one's heart out to sympathetic able men as follows :—

कृतैककृत्याः सिद्धार्था ये चान्योन्यानुवर्त्तिनः
कलासु कुशलास्तुल्याः सत्त्वेन वयसा च ये
कुलमाहात्म्यदाक्षिण्यशीलशौचसमान्विताः
ये कामनित्या ये हृष्टा ये विशोकाः गतव्यथाः
ये तुल्यशीला ये भक्ता ये प्रिया ये प्रियंवदाः
तैर्नरः सह विश्रब्धैः सुवयस्यैर्वृपायते

These lines mean :—That confidence, intimate companionship and ever cheerful carefree merry-making with wise, respectable, courageous, daring and dear friends of similar likes and dislikes, make a man virile and potent.

But this is not all that can be done for treating ailments of psychic origin. Charaka again gives us a comprehensive idea in a single line.

मानसो ज्ञानविज्ञानधैर्यस्मृतिसमाधिभिः

i.e., mental illness can be cured by knowledge, analysis, patience, recollection and concentration.

Psycho-analysts avails of only two methods i.e., "ज्ञान" and "स्मृति" as I have already explained. The remaining three methods are easy of comprehension and may be made use of by the physician according to his ability.

Let him bear this in mind, however, that he must give the patient full sympathy, not injure his feelings or self-respect and win his faith and confidence.

It is interesting to note here, certain diplomatic methods that Charaka has suggested for setting up reactions against psychic conflicts. They are as follows :—

तर्जनं त्रासनं दानं सान्त्वनं हर्षणं भयम्
विस्मयो विस्मृतेर्हेतोर्नयन्ति प्रकृतिं मनः।

To scold, threaten, reward, console, please, horrify or astonish.

But such temporary methods of cure may only be utilised in acute cases for summary treatment. In fact, these methods according to Charaka are only to be applied in cases of insanity. An able

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physician may also use such diplomatic and other instructive or educative measures as preached by Charaka.

Conclusion

In conclusion, it may be pointed out as a summing up of the whole theme that in the treatment of sexual debility, psychic factors must not be neglected. They constitute the primary causes of sexual debility, while the physical is merely the secondary and may even be ignored in most cases.

What is of the greatest importance is a mental state of unreservedness, freedom from care, ecstasy, like semi-intoxication. And this is the state which one Sanskrit word "हर्ष" (Harsha) fully expresses.

And "हर्ष", according to Charaka, is the direct exciting cause of sexual vigour. To produce "हर्ष" complete psychic composure and exhilaration is the chief requisite. It is not medicines that would bring you "हर्ष". See how Charaka depicts conditions, which produce "हर्ष".

सुखाः सहायःपरपुष्टघुष्टाः फुल्ला वनान्ता विशदान्नपानाः
गन्धर्वशब्दाश्च सुगन्धयोगाः सत्वं विशालं निरुपद्रवश्च ॥
सिद्धार्थता चाभिनवश्च कामः स्त्री चायुधं सर्वमिहात्मजस्य
वयो नवं जातमदश्च कालो हृद्यः योनि परमानराणाम् ॥

These lines draw a complete picture of of the beautiful surroundings, music, garden, flowers, perfumes, drinks, etc. and the right type of mental attitude and partner, all of which go to enhance desire and pleasure.

Just mark here the words "सत्त्वं विशालं निरुपद्रवश्च which literally mean, complete freedom of mind from psychic inhibitions. "सिद्धार्थता" means the fulfilment of individual sexual requisites.

It should be noted that Charaka knew of the psychic origin of sexual power. The word "आत्मज" for cupid, means "born of the soul" and that is sex instinct.

Patients, suffering from sexual debility, specially those who are physically fit, those who find no relief by the use of even the best medicines, those who have had a sudden onset of sexual debility, those who are at one time strong and at another time weak and those who are runnning down in health without any apparent cause should only seek an analyst. They may be sure there is a psychic cause behind their conditions.

The classification depicting different natural sexual capacities, made by Charka, must also be kept in mind. It is as follows :—

कामयोगबलाः केचित् केचिदभ्यसनध्रुवाः
केचित्प्रयत्नैर्वाह्यन्ते वृषाः केचित्स्वभावतः ॥

(1) Those who are strong when desire is strong. (2) who are strong only with familiarity. (3) Those who must resort to various means. (4) Those who are by nature sexual athletes.

Taking these into consideration the physician may advise the patient to indulge in sexual intercourse according to his born sexual capacity, and also to understand his capacity ; so that a born sexual normal may not feel diffident, comparing himself with those who are by nature sexual athletes. Complete freedom from psychic conflicts is a condition which is to be taken into account in every case.

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Let me quote the following memorable words from Dr. Stekel :—"All erotic disorders in the civilised man can be traced back to conflict between the brain and the spinal cord. A hardly perceptible inhibition and the erection is frustrated. A small degree of anxiety, inner dissatisfaction, a hardly conscious disgust, are sufficient to disturb the delicate mechanism of erection and the pleasure ascociated with it".

Requisites for arousing sexual power are summed up in Charaka as :—

अतिवेगेन चोदीर्णः स्त्रीगुणैश्च प्रहर्षितः

Meaning :—a man finds himself in possession of full sexual vigour provided (a) he is himself full of desire and (b) the woman has qualities which stir his whole being. In every case of sex-weakness either the desire is inhibited through some mental mechanism, the desire being only misplaced craving and superficial ; or there is something in the sexual object which is not pleasant to the man.

क्षमा कीजिये

कच्चे माल, रेल किराया व मजदूरी आदि में निरन्तर वृद्धि के उपरान्त भी

उदयपुर के

गाय छाप

ब्राह्मी आँवला तैल

के भाव हमने वर्षों तक बिना किसी वृद्धि के एक से बनाये रक्खे, किन्तु प्रतिकूल परिस्थितियों के कारण, अब बाध्य होकर भावों में किंचित वृद्धि करनी पड़ रही है।

दिनांक १ दिसम्बर सन् १९५८ से "गाय छाप" ब्राह्मी आंवला तैल बढ़ने वाले दामों पर ही उपलब्ध किया जा सकेगा।

उपभोक्ताओं के लिये		पुराने भाव	एक दिसम्बर सन् १९५८ से बढ़े हुए भाव.
	बड़ी बोतल	३·६२ न. पै.	३·९० न. पै.
	मझोली	२·००	२·१५
	छोटी	१·१२	१·२०

उक्त भावों में सरकारी व अन्य स्थानीय टेक्स सम्मिलित नहीं है।

निर्माता :- आयुर्वेद सेवाश्रम लि., उदयपुर

मेनेजिंग एजेन्ट :- जमनालाल सन्स प्राइवेट लि. बम्बई

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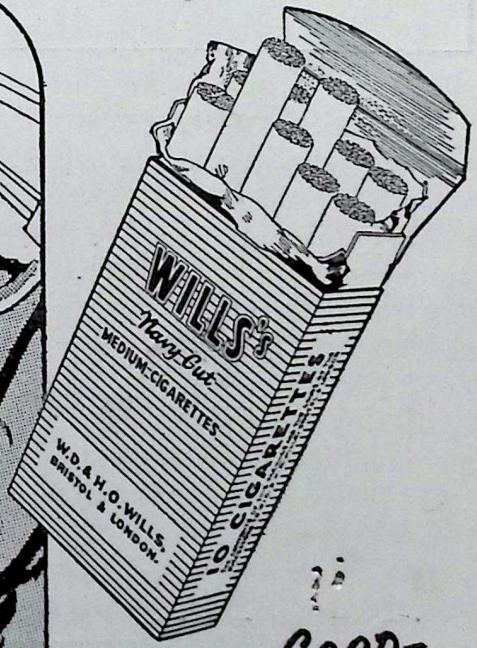

THEY'RE GOOD—
THEY'RE WILLS

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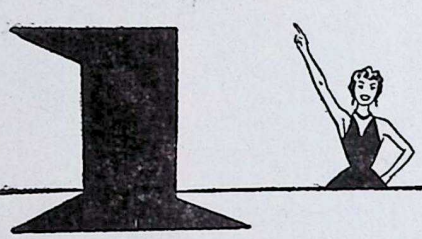
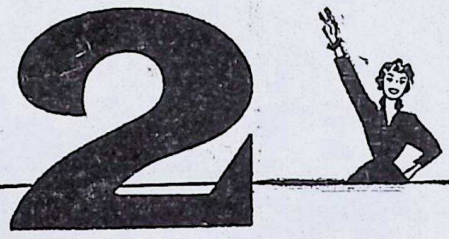


1

When you need but a sheer transparent veil of flattery for your complexion—in your true skin tone and without a trace of shine—puff on Max Factor DUAL PURPOSE Face Powder extra lightly, brush away the excess, and you will have a more natural-looking complexion loveliness than you've ever known before.



2

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News and Views

Memorandnm submitted by the Chairman, Committee for Shuddha Ayurvedic Course, Bombay, the Chairman Ayurvedic Research Committee, Ministry of Health, Government of India to evaluate and assess the work already done in the field of Ayurvedic Research.

Ayurved means the knowledge of life i.e. of the pains and pleasures of life, the ways of living, the cures of the evils that happen to come to curb the human life and the methods of systematic approach to various aspects of life. In short, Ayurved not only deals with the fundamentals of the human bodies, human beings and the physical, psychological, physiological and pathological changes in them, together with the cures of the defects, but it also teaches us the ways of discarding the evils, *avoiding the ills, preventing the diseases,* which Mahatmaji wished and now Government wishes, living the plain and mirthful life and thinking high and good of others.

As such the Ayurvedists need no help from outsiders and they have not to learn much from other pathies which, as history says, happen to be spring up from Ayurved itself.

Ayurved is not a science of miracles and it did not spring up abruptly. Our learned Rishis of yore spent centuries after investigating the principles which they laid down in the treatises of Ayurved.

There were big laboratories working with regular programmes and constantly working discussion halls to arrive at a conclusion for the benefit of mankind.

The findings of the Dosha-dhatu-malas were not their whims but scientific findings of the combination of the human bodies, their substance, health and causation of diseases in them.

Ayurveda is a perfect science. There is not a single part of the human body and mind which it does not deal with. It is for the sake of precision, correct investigation and a methodical approach to the problem of each constituency that the Rishis divided this science into eight parts, each widely and vividly touching the biggest and the minutest parts and points concerned with it.

The eight parts of Ayurved are the कायचिकित्सा (Physical and mental treatment), the शल्य (Surgery), the शालाक्य (Eye, ear, nose and throat clinics), the कौमारभृत्य (Pediatrics), the अगद-तन्त्र (Toxicology), the भूतविद्या (Microbiology and bacteriology), the प्रसूति-तन्त्र (Gynaecology) and the रसायन-वाजीकरण-तन्त्र (Harmone and Rejuvenation therapies).

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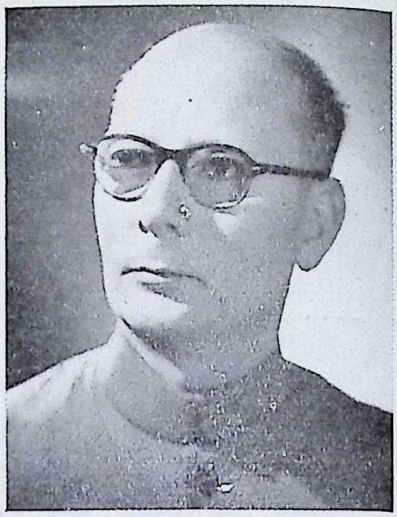
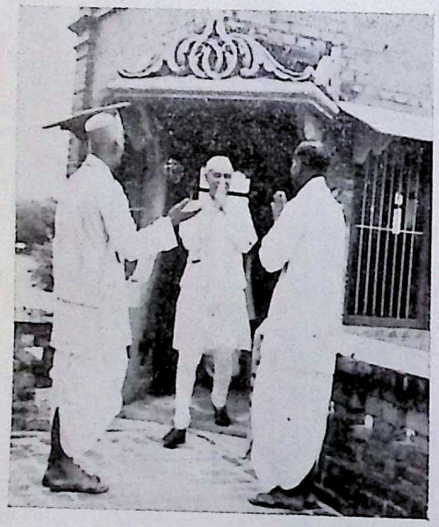
News Angle



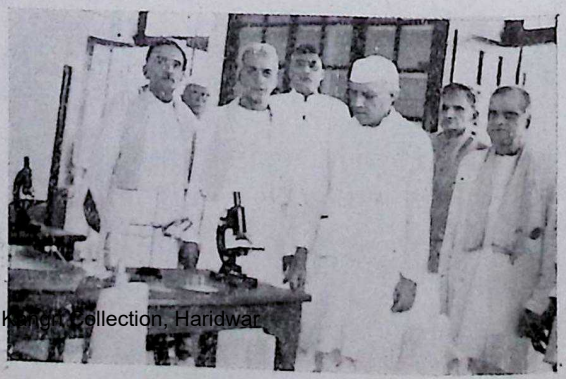
Right : Vaidya Ratna Pandit Shiv Sharma
. . . . nearer the goal . . . .



Prime Minister Nehru visits Ayurveda Maha Vidyalaya, Gurukul, Kangri.

Reception given to the members of All-India Ayurvedic Congress Governing Council (Seated) *Left to Right are :* Kaviraj Lakshmi Kant Pandeya, Editor Nagarjun, Dr. Prabhakar Chatterjee, Kaviraj A. B. Dutta, Vaidya Vamanrao D. Vaidya, Secretary All-India Ayurvedic Congress, Vaidya Pandit Sitaram Misra, Secretary, Vidyapith, All-India Ayurvedic Congress.

Below Right : Shri Nehru going round the Ayurveda Mahavidyalaya Laboratory.
. . . . keynote of success is research . . . .



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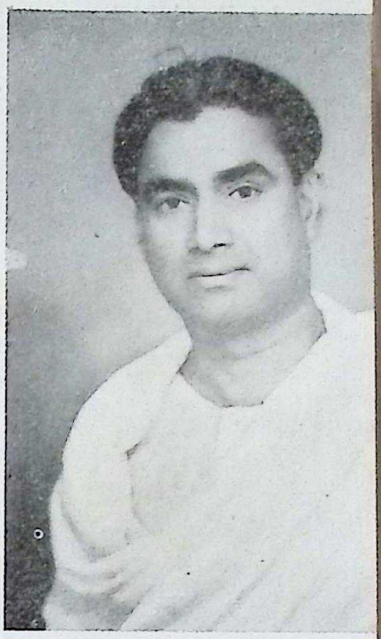
Left : Shrimati Indradevi Shastrini, Ayurvedamani, Founder, Nari Arogya Mandir, Hyderabad.

. . . . a life dedicated to service . . . .



Right : Ayurvedacharya Pandit Dhanwantari Raghuthacharyulu, M.A., President, Vidwat-Vaidya Parishad, Andhra Pradesh.

Right : Charak Jayanti Celebration at Calcutta. (Seated) *Left to Right :* Kaviraj Kumud Chandra Bhattacharyya, Kaviraj Rakhal Das Sen, Kaviraj Bagala Kumar Mazumdar, Founder President, Bijnan Parishad, Calcutta, Kaviraj Prabhakar Chatterjee, Kaviraj Murari Mohan Ghose, Ayurved Kesari Lakshmi Kant Pandeya, Editor, Nagarjun.

elow : Jhansi Ayurvedic Univer-
ty, awards Ayurvignacharya Dr.
aya Prasad with Degree of
Doctor of Science in Ayurveda'.

Below : Prime Minister Nehru during his last visit to Colombo discussed Ayurveda with Ceylon's Health Minister, Miss Vimala Wijewardene. Photo shows among others Mrs. Wijewardene, Shri Nehru and Ceylon's Prime Minister Mr. S. W. D. Bandaranaike at a State Banquet.

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Each part very expressively narrates the components of the body giving details of the anatomical and physiological structures of each organ of the body separately. along with the methods for the investigation in the subject and treatment of maladies occurring therein.

To be brief, Ayurved is a perfect science, quite sufficient to keep human beings perfectly healthy and free from mental and physical diseases.

Ayurved was the pioneer in Surgery and it still holds its right place in the surgical world. Most of the heart, kidney and brain-operations that are coming into light now, are the result of the investigation done following the directions given in *Sushrut*.

It is a well-known fact that those who do not go forward lag behind and those who lag behind are beaten. Ayurved was making wonderful progress, it had traversed all the avenues of human life and had been successful in finding out all the varieties of instruments, medicines and methods of cures. All of a sudden the unfortunate period of foreign domination commenced, the face of India began to change. The rulers tried all their means to destroy the glory, the sanctity, and the virtues that were Indian, and like all other sciences, arts and substances Ayurved too suffered a lot. Its progress was barred, its place was given to other sciences helped and nourished by the kings. Thus Ayurved was forced to lag behind and that is why it appears as if beaten. Twelve centuries after, again India happens to come to its own. Of the other walks of life we have a little knowledge, none can say what our dresses were, how we used to live and what were the modes of government, everything seems to have been forgotten, still Ayurved survives and stands where the rishis left it, only we have not been able to make progress. Given chance no Indian scientist can lag behind, to go ahead with formidable strength to investigate the subjects they have undertaken is a natural instinct in them. Therefore, it can be easily assumed, that the Ayurvedists will work with enthusiasm to develop the science with marked speed.

The biggest blow that all Indian sciences have received, has been given by the British rule. The British tried to make the Indians forget what was theirs and began to make them English in all walks of life. Like all other sciences and arts Ayurved had to suffer too.

The Swadeshi-loving, well versed patriotic Indians who knew the importance and virtues of Ayurved started institutions to impart Ayurvedic education but these institutions could not remain free from foreign domination and had to submit to the rules of the English medical education which led to the predominance of Allopathy over Ayurved and so the students could not be taught all the 'angas' of Ayurved specifically and thus the mixed education of Allopathy and Ayurved could not prove helpful for the development of science in the past and we don't think the same combination would in any way prove helpful even at present or in future. Such a combination is only needed if Ayurved is found

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imperfect, which it is not. So, most humbly we raised our point of protest in case such a bipathy combination comes off.

Though the knowledge of the modern science is the gift of the west still the ways of India are better than the ways of the west and therefore we should follow our ancient sciences which are highly developed in many ways. Saints and sages have made their experiments here and we have been benefited by them.

Ayurved is almost perfect so far as its approach to human life is concerned, so no intelligent person would like to destroy its purity and self-sufficiency and would work to intermingle it, for nothing, with other sciences which have their own, different from Ayurved, ways of approach to human life.

Government of Bombay having been fully convinced of the true from of Ayurved decided to teach Ayurved in its Shuddha form and established this Committee for Shuddha Ayurvedic Course in September 1953, for the following purposes :—

(a) to hold examinations for Shuddha Ayurvedic Course and make all arrangements therefor, including the appointments of examiners, Presiding Officers, Supervisors, Moderators and other staff necessary for conducting the examinations ; setting question papers, fixing of programme of examinations and declaration of results.

(b) to consider applications from teaching institutions and Gurus and to recommend recognition to institutions and Gurus for the purposes of giving instructions in Shuddha Ayurvedic Course or to recommend their cancellation to the Government.

(c) to provide for the inspection of institutions and Gurus and to require institutions and Gurus giving instructions in Shuddha Ayurvedic Course to furnish such information as may be necessary.

(d) to appoint inspectors and such other officers and servants as may be necessary.

(e) to make rules for the conduct of examinations and for such other matters as may be necessary for the exercise of powers and performance of functions by the Committee under the Government resolution.

(f) to suggest course of training and examinations prior to such qualifying examinations.

(g) to award stipends, scholarships, prizes and other rewards. In 1958 stipends of Rs. 1500 were paid to 10 students for 6 month at rate of Rs. 25 per month which is too inadequate.

(h) to prepare, publish and prescribe text-books and to publish statements of prescribed courses of studies—Rs. 30000.

(i) to recommend schemes for higher training in Shuddha Ayurved Post-Graduate.

(j) to found and maintain library—Rs. 10000 given.

(k) to prescribe fees to be charged by institutions per student per term—Rs. 60 a year. Guru and institutions—Rs. 60 a term.

The Committee consists of eminent scholars from the different parts of Bombay State, appointed by Bombay Government, whose names are given below :

(1) Vaidya Vamanrao Dinanath Vaidya, Chairman.

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(2) Vaidya Narayan Hari Joshi, Ayurved Visharad, Secretary.
(3) Vaidya Ganeshshastri Joshi, Vaidya-Bhusan.
(4) Vaidya Laxmishankar Ramkrishna Shastri, Ayurved-Ratna.
(5) Vaidya Dattatraya Shastri Jalukar, Ayurved-Visharad.
(6) Vaidya Trimbaklal Deoshankar Joshi, L.A.M. Grihitayurved.
(7) Vaidya Gangadhar Madhavrao, President, Board of Ayurvedic and Unani System, Nagpur.
(8) Vaidya H. S. Nanavati, A.M.S., Principal, Marathwada Shuddha Ayurved Vidyalaya, Jalna.
(9) Vaidya Bhaskarbhai Mallbhi Dholkia, Principal J. P. Ayurved Vidyalaya, Bhavnagar.

Keeping in view the importance of Shuddha Ayurved, the Committee formulated the exhaustive Course of 4 years duration of the level of graduation, which is the only ideal Graduate Course in Ayurved as only Ayurved is taught through out the period of four years.

The Committee started running this course actually from June 1954 through 7 Vidyalayas and 31 Gurus with a total number of 200 students. Further in the year 1955 one more College it Bijapur was started and in 1956 two more Colleges, one at Baroda and the other at Nadiad, and this year the Committee has added one more College at Jalna. One more is expected at Bhavnagar very soon. Thus at present in all 10 Colleges and with 31 Gurus the the Shuddha Ayurvedic Course is running and nearly 900 students are under training. The Principals of these Colleges and the teaching staff are highly qualified, sincere and selfless workers. Although this course is in its infancy it is noteworthy to find a remarkable progress in uplifting the Shuddha Ayurved.

From the experience of the last four examinations conducted by the Committee it can be safely said that the standard of teaching and learning, both theoretical and practical, is remarkably high, although great handicap is being felt for want of proper text-books for Ayurved. In view of this the Committee has undertaken the work of preparation of text-books and almost all the text-books for the Junior Course will be ready shortly.

The Committee has a reference Library of about 600 books for the use of teachers and students. The Committee is of the opinion that Government should add a section of Ayurvedic books in each of the *Government-recognised libraries in different parts of India for the use of Vaidyas.*

The Committee finding a great difficulty in teaching *Sharir,* has got the Ayurvedic Anatomical Models prepared, specially for the purpose, and has made it compulsory that *each teaching institution should only teach Sharir with the help of these approved models and not with the help* of the model prevalent in Allopathic training. Rs. 10000 was sanctioned for Gurus, for models, charts etc.

With a view to giving systematic and exhaustive clinical training as deemed necessary for diagnosis and treatment in

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Ayurvedic system of medicine, the Committee has chalked out a scientific method as detailed in the forms attached herewith, viz.—

(a) Nidan Chikitsa Form,
(b) Shalya-Shalakya Tantra Form,
(c) Prasuti-Tantra Form.

The Committee is of the strong opinion that there should be a uniformity in the education in all the 16 States of the Indian Republic and in order to standarize the Ayurvedic Course, the admission-qualification, the duration of the Course, the details of the Curriculum for theory, practicals and the text-books should be the same everywhere on the lines of the Course prescribed by the Committee for the Shuddha Ayurvedic Course, Bombay State, BOMBAY. For this purpose an All India Ayurvedic Council should be formed.

The Medicine cannot be learnt or taught in Class-rooms but in Wards of Hospitals and therefore the greatest need of the day of Ayurved is well-equipped Ayurvedic Hospitals. It is absolutely necessary that the students of Ayurved should be given clinical training in a minimum proportion of at least five beds for one student without which it is impossible to produce experts of Ayurvedic Vaidyas. The Central Government and the State Governments must come out with sufficient funds for establishing up-to-date Ayurvedic Hospitals with 3 sections viz. Kaya-Chikitsa, Shalya, and Sautik with well-equipped Rasashalas (Pharmacies), Vikruti Vidnyan Shala, and its allied branches.

There is a great dearth of Ayurvedic Teachers and it is necessary that immediate steps be taken to establish Centres all over India for Post-Graduate training in Ayurved on the lines suggested below :—

Post-Graduate Course in Ayurveda

The duration of the course will be two years with two Examinations each at the end of every year, the admission-qualification to which will be passing the qualifying Examination as suggested above.

Post-Graduate Course will comprise the following branches :—(i) Kayachikitsa, (ii) Shalya, (iii) Shalakya, (iv) Sautic and Streerog, (v) Balrog, (vi) Dravyaguna and Rasashastra, (vii) Panchakarma, Rasayan, and Vajikaran, (viii) Manasrog (with Swasthavritta).

Subjects for the Part I Examination will be common for all the branches.

Following will be the subjects and full marks for the Part I Examination :—

(i) One paper of 100 marks of 'Rachanasharir' (Applied) with special reference to the branch concerned.

(ii) One paper of 100 marks of 'Kriyasharir' (Ayurved-Padarth) (Applied) with special reference to the branch concerned.

(iii) One paper of 100 marks of 'Samprаptiwidnyan' (Applied) with special reference to the branch concerned.

(iv) One paper of 100 marks of 'Dravyaguna-Rasashastra and Aushadhinirman (Applied)'. This paper will consist of procurement and storage of the drugs for the branch No. VI.

There will be practical and oral examinations for the subjects Nos. (i) and (iv).

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To pass the examination a candidate should get 50 per cent. of the marks in theory and practicals separately.

A candidate who has passed in any subject will be exempted from re-appearing in the examination of the same subject. This concession will lapse after the expiry of three years (6 terms) from the first appearance.

Part II Examination.

(i) Kayachikitsa—

Two papers of Nidan of 100 marks each.

Two papers of Chikitsa of 100 marks each.

Attendance in the O.P.D. of Kayachikitsa for one term and in wards of Kayachikitsa for one term.

(ii) Shalya—

Two papers of Nidan and Samprapti of 100 marks each.

Two papers of Chikitsa i.e. conservative and detailed operative treatment of diseases of 100 marks.

Attendance in the O.P.D. of Shalya of Department for one term and in ward for one term. A candidate should perform *fifty major and a hundred minor Shalyakarmas* (operations) under guidance.

(iii) Shalakya—

Two papers of Nidan of Shalakya Rogas of 100 marks each.

Two papers of Chikitsa—Conservative and operative of Shalakaya Rogas of 100 marks each. Attendance in the Shalakya Department in the same way as that of the Branch (i).

(iv) Sautic and Streerog (including diseases of infants)—

Two papers of Nidan of 100 marks each.

Two papers of Chikitsa including detailed operative treatment of 100 marks each. *Attendance in the wards and O.P.D. as that of the conduction of fifty deliveries.*

(v) Balrog—

Similar to that of Kayachikitsa Branch (i).

(vi) Panchkarma-Rasayan and Vajikaran—

One paper of Nidan of 100 marks.

Two papers of Chikitsa including the details of Panchkarmas of 100 marks each.

Essay—100 Marks.

Practicals in Panchkarma Department for two terms. A candidate should perform the different Panchkarma under guidance.

(vii) Dravyaguna-Rasashastra and Aushadhinirman—

One of the theory of Rasa, Virya, Vipak and Prabhav etc. of 100 marks.

One paper of Vanaspati Gunaparichaya of 100 marks.

One paper of Rasashastra i.e. Shodhan Maran of 100 marks.

One paper of Sidha Aushadhi of 100 marks.

Practicals of the method of preparation of Yogas and identification and preservation of drugs.

(viii) Manasrog—

One writen paper of 100 marks and a practical test of 100 marks.

Attendance in the ward for one term and one term in O.P.D.

All portions form Sanhita and commentry concerned with the branch selected by the student should be taught during the course.

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Before appearing for the Part II Examination, every candidate will have to submit a dissertation to the examining body not exceeding 5,000 words without the acceptance of which a candidate would not be allowed to appear for the examination.

After passing the examination a candidate should select a subject and get it approved by the examining body and write a thesis under guidance and submit it to the examiners within six months' time.

Degrees will be conferred only after the acceptance of the thesis.

Degree will be named as Ayurvedacharya or M.A.Sc. with the name of the branch in the brackets.

Faculty may recognise a College Hospital for this course if it provides sufficient materials for the study of the subject mentioned in the curriculum and the unit in the Hospital to the particular branch concerned will be the guide to the candidate for his studies.

Fees for the Examinations will be Rs. 60 per term.

The Committee having the full experience of conducting the Shuddha Ayurvedic Course for the last five years, earnestly request you to accept and to implement our suggestions in respect of (a) Uniformity in Ayurvedic education in its true form without being supplemented with modern Science (Shuddha Ayurvedic Course), (b) Establishment of Ayurvedic Hospitals, (c) Post-Graduate Course in Ayurved and (d) Establishment of separate sections of Ayurvedic books in all the Government recognised libraries.

Silver Jubilee Celebrations of Ayurvedashram Pharmacy Ltd., Ahmednagar

The Chief Minister Mr. Y. B. Chavan, while presiding over the Silver Jubilee Celebrations of Ayurvedashram Pharmacy Ltd., Ahmednagar said that a spirit of social work was necessary to make a success of democracy.

He further stated that it was duty of the Government to give encouragement to social institutions conducted by selfless social workers for cultural and educational advancement.

Mr. Chavan expressed gratification that Ayurvedashram Pharmacy Ltd. which was founded to raise funds for the Ayurvedic College and Hospital in Ahmednagar, was furthering the cause of Ayurveda and even now allocating a fair share of its profits for conducting those institutions.

He remarked that various institutions, started and conducted by selfless, social workers had become a special feature of social life in Maharashtra.

The Chief Minister unveiled a bronze bust of the late Vaidya Panchanan Gangadhar Shastri Gune, a Scholar and Ayurved Pandit who founded the Pharmacy.

He also distributed awards for long and meritorious service among several members of the staff and workers of the Pharmacy.

The Managing Director of Ayurvedashram Pharmacy Ltd. Mr. K. G. GUNE in his welcome address, said that the Pharmacy was contemplating a large-scale export of its products to Ceylon, Burma and East Africa.

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He further said that the Pharmacy started manufacturing several Allopathic medicinal preparations along with over 600 Ayurvedic preparations. It now proposes to establish a centre for research in the Ayurvedic system of medicines and western *Materia Medica* so that the systems could be used for better medical treatment of patients.

Several messages were received on the occasion. Messages were also received from the Governor of Punjab, Mr. N. V. Gadgil, the Governor of M. P. Mr. H. V. Pataskar and the Union Health Minister Mr. D. P. Karmarkar.

Bombay's Minister for Co-operation Mr. T. B. Bharde was among those present.

Museum of Herbs and minerals at Sri Sailam

The Executive of the Andhra Pradesh Ayurveda Mahamandali, which met in November last under the presidentship of Sri Divi Rangacharyulu, President, unanimously decided to establish a Museum of herbs, minerals and waters available in the Srisailam forest area at Srisailam in Kurnool District of Andhra Pradesh State under the auspices of the Mahamandali at an early date and appealed to the State and Central Governments to give a grant of the necessary finance, site and other assistance for the establishment of the same with a view to focus the attention of the people on the importance of Srisailam to all the Ayurvedic Medical Practitioners and Research Scholars in the country and elsewhere since Srisailam is reputed to be a storehouse of invaluable herbs, minerals and waters and the laboratory of the greatest savants of Ayurveda in the past like Sidha Nagarjuna, whose researches in Ayurveda had still remained a mystery to scientists all over the world.

Sri Prakasa Chandra Satapadhi, General Secretary, welcomed the gathering at the outset.

The following members of the Executive and others were present: Sri V. T. V. Ramanujaswamy, President, and Mukkamala Venkata Sastry, General Secretary, of Andhra Ayurveda Parishat, Vedantam Srinivasacharyulu, Vempati Koteswara Sastri, Gollapinni Vasudeva Sastri, Vangara Gundumurthi of Warrangal, Beeraka Nagayya, Beeraka Venkateswarlu, Swarna Bapayya Gitti Nagayya and Karamcheti Sivarama Rao of Chirala, Gollapinni Vasudeva Sastri of Uravakonda, Madiraju Ramasundara Rao and P. Pardhasaradhi Sarma of Anantalakshmi Ayurveda Kalasala of Warrangal, Chakravartula Narasimhacharyulu of Rammohan Ayurvedic Pharmacy of Vijayawada, Pogula Sankara Rao, Kota Nityananda Sastry of Ananda Ayurvedic Drug Research Institute of Vijayawada, Dvibhashyam Kasi Viswanatham of Chintaluru, Agendla Sriramulu Ayurvedic Veterinary College of Tenali, K. Koteswary Rao of Nellore, Guduru Namasivaya of Vijayawada, D. Ramgopala Rao of Taranath Ayurved Vidya Peeth of Bellary, Muthevi Sitaramacharyulu of Devarapalli, Dhilipalla Sitharama Sastri of Jaggayyapet, R. V. Raghavacharyulu of Narasaraopet, Swami Hamsananda and Hanumanthu of Banaganapalli, V. R. Narasimhacharya of Badampadu,

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Kolli Venkataramanayya, Vinukonda Hayagrivacharyulu, M. V. Raghavayya Nayudu, Jattu Bhiksham, Mamillapalli Poorneswana Somayajulu, T. Koteswara Rao, Bhujangaraj Vaidya of Bellary, D. Sreemannarayana, Govardhana Sarma of Hyderabad, M. Bahantha Rao, Ganji Panduranga Swamy, M. Mallikharjuna Rao and R. Audinarayana of Secunderabad, Dr. Sushilabai of Government Hospital, Sandur, Vuppalapati Gopala Rao of Addanki, T. Satyanarayanamurthi of Alavalapadu, Swarna Seetharama Rao of Swarna Battakota Subbarayudu of Vetapalem, Sistla Suryanarayana of Kammarapalem, Inguva Subbarao of Viswanathapalli, Dasyam Sesharao of Avanigadda, Karamcheti Parvateesam of Vupputuru, Nadendla Parvatesswara Gurukul of Gannavaram, K. Subbu Krishnayya of Anantapur, Chebrolu Venkatasubbayya of Mopidevi, Pulivarthi Kotayya of Bobbarlanka Vedantam Gopala Krishnamacharyulu of Guntur, V. Ramakrishnamacharyulu of Vijayawada, Vadladi Bhaskara Rao, B. Kesavacharyulu and Marripati Bhanumurthi of Bandar, and several other prominent Ayurvedic Medical Practitioners from all over the Andhra Pradesh State were present. In addition about 100 students of Taranath Ayurveda Vidyapeeth of Bellary, Sri Rammohan Ayurveda Kalssala of Guntur and Venkateswara Ayurveda Kalasala of Vijayawada were also present.

By another resolution the Mahamandali requested the State and Central Governments to help the early establishment of an Ayurvedic Research Centre at Srisailam with a view to conducting a research into the invaluable herbs, minerals and waters in the Srisailam forest area and to help the early research and propagation of the science of Ayurveda in the country. The resolution also requested the Trustees of the Srisailam Devasthanam to help the Mahamandali in its efforts in this regard.

A resolution was also passed requesting the State and Central Governments to help the early establishment of a Sanatorium to be conducted on the lines of Ayurveda at Srisailam since the forest area around it is sanctified by the purified weathers through the invaluable herbs, minerals and waters in that area, and since the area is ideally suited for that purpose.

By yet another resolution the Mahamandali requested the State and Central Governments to help the establishment of an Ayurvedic Hospital and Dispensary at Srisailam and requested the Hindu Religious Endowments Authorities of the State Government to contribute the necessary funds for the purpose from out of their funds.

By another resolution the Mahamandali requested the State and Central Governments to establish a Herbarium at Srisailam, ideally suited for the purpose, and a storehouse of herbs, minerals and other materials for the supply of the same to all the Ayurvedic Medical Practitioners and Pharmacies all over the country.

The Executive decided to send batches of Ayurveda Research Scholars to Srisailam forest area with a view to conduct research into the invaluable and unknown mysteries of Ayurveda and Ayurvedic herbs, minerals

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and waters in that area and requested the State and Central Governments to provide necessary facilities for their research in Srisailam.

The Mahamandali, but yet another resolution, requested the Hindu Religious Endowments Authorities of the State Governments to help the early establishment of 'Sidha Nagarjuua Vidya Peetham' at Srisailam with a view to revive and re-establish the past glory of Ayurveda in the country. The resolution further requested the establishment of a branch for the learning of all occult sciences contained in Adharvana Veda in the said Vaidya Peetham.

The Executive conveyed its grateful thanks to all those who helped the success 'Oshadhi Prasthanam' (Camp for the research into the invaluable herbs, minerals and waters in Srisailam forest area) conducted from 17th to 22nd inst. particularly Sri Madhava Rao and Rajagopalaraju, Executive Officers of the Srisailam Temple, and the learned scholars of Ayurveda who had gathered there from all over the State, and the students of Taranath Ayurveda Vidya Peetham of Bellary, Sri Ramamohan Ayurveda Kalasala of Guntur, and Venkateswara Ayurveda Kalasala, of Vijayawada and Ananthalakshmi Ayurveda Kalasala of Warrangal.

The Executive requested the State Government to formulate a uniform syllabus in all the Ayurvedic Medical Colleges in the State and to recognise the Ayurveda Veterinary College of Tenali and help the establishment of Veterinary Dispensaries in Srisailam and other areas in the State.

Oshadhi Prasthanam

A five-day 'Oshadhi Prasthanam' (a Research Camp of Ayurvedic Medical Practitioners and Scholars for conducting research into the medicinal herbs, plants, minerals and waters) was held at Srisailam in November last under the joint auspices of Andhra Pradesh Ayurveda Mahnmandali and Andhra Ayurveda Parishat.

About 100 prominent Ayurvedic Medical Practitioners in the State besides about 100 students of the Taranath Ayurveda Vaidya Peetha of Bellary, Sri Rammohan Ayurveda Kalasala of Guntur, and Venkateswara Ayurveda Kalasala of Vijayawada participated.

Inaugurating the Camp Sri. V. T. V. Ramanujaswami, President, Andhra Ayurveda Parishat, explained the importance of Srisailam to the Ayurvedic Medical Practitioners and Research Scholars and said that the invaluable researches conducted by the greatest savants of Ayurveda in the past in that area like Sidha Nagarjuna, Sanari and others still remained a mystery not only to the Ayurvedic Research Scholars in the country as also to the scientists all over the world. He emphasised that it is the duty of the State and Central Governments to take note of the importance of Srisailam forest area and help the conduct of research into the invaluable medicinal plants, herbs, minerals and waters in that area with a view to help the development of Ayurveda in the country and make its contribution to the medical research of the world.

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Sri Ramanujaswamy regretted that Ayurveda, which had been perfected through the ages, called 'Upa Veda', the unknown depths of which had still remained a mystery to the scientists all over the world, should be given the necessary assistance for its development by the People's Governments in the State and at the Centre in a spirit of nationalism and in a spirit of service to the development of medical research all over the world and help the establishment of the past supremacy of the national system of medicine over other systems of medicine in the world.

Sri Ramanujaswamy regretted the attitude of some of the State Governments and the Central Government towards the development of Ayurveda and condemned the propaganda of some of the leaders of Ayurveda in recommending the integration of Ayurveda with Allopathy and said that he was not able to visualise how this is possible since both the sciences differed in their fundamentals and in their very conception.

Sri Ramanujaswamy pointed out the dangers facing the development of Ayurveda in the country, in which the Health Departments of the State and Central Governments were being manned with Allopathic Medical Experts with no knowledge of Ayurveda, and appealed to the Ayurvedic Medical Practitioners to make united and determined efforts for the early development of Ayurveda and demand the development of Ayurveda without any admixture of Allopathy and to counteract the decries of Allopathic Medical Practitioners in the land against Ayurveda.

Concluding Sri Ramanujaswamy expressed his hope that very soon Ayurveda will attain its rightful place as the leader of medical systems all over the world and Ayurveda will be able to make its contribution for ensuring the health and happiness of mankind.

Sri Divi Rangacharyulu, President, Andhra Pradesh Ayurveda Mahamandali, explained the greatness of the Ayurvedic System of Medicine over other systems of medicine in the world and the importance of Srisailam as the store-house of invaluable herbs, minerals and waters. He said that the education of any student of Ayurveda would not be complete unless he acquired a versatile knowledge of herbs, minerals and waters and equipped himself with the necessary sanctity of his mind and body through practice of medicines and mind.

Sri P. Thimma Reddi, Minister for Agriculture, Converment of Andhra Pradesh, in a special message of the Camp, welcomed the conduct of such a camp and said that similar camps should be run at Ahobilam, Tirupathi, Nagarjunakonda, Simhachalam, Bhadramchalam and such other places in the State with a view to ascertain the various available herbs, minerals and waters useful in medical treatment in the Andhra Pradesh State known for its variety and content of invaluable herbs, minerals, and waters. He assured that he would himself be present at the camp to be conducted at Tirupathi.

Sri Prakasa Chandra Satapadhi, General Secretary, Andhra Pradesh Ayurveda Maha-

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mandali, welcomed the gathering at the outset.

Sri Gollapinni Vasudeva Sastri, Dhulipalla Sitarama Sastri, P. Pardhasaradhi Sarma, Chakravartula Narasimhacharyulu, Marripati Bhanumurthi, Vedantam Srinivasacharyulu Guduri Namasivayya, Vangara Gundumurthi, D. Ramagopalarao Mukkamala Venkata Sastri, Beeraka Nagayya, Kolli Venkataramanayya, M. Mallikharjuna Rao, Hayagrivachari, Vempati Koteswara Sastri, A. Srinamulu Chowdari, Hamsananda Saraswathi, Muthevi Seetharamacharyulu, Bhujangaradvaidya, Chagantipati Lakshminarayana, Dvibhashyam Kasi Viswanadhm, Govardhana Sarma and several others spoke on the need for the development of Ayurveda through increased research and practice of Ayurveda.

The members of the Camp led by Sri V. T. V. Ramanujaswami visited the various places in the Srisailam forest area known for the location of invaluable herbs, minerals and waters and collected some rare herbs and minerals.

Boarding and lodging arrangements for the members of the camp were made under the auspices of the Andhra Pradesh Ayurveda Mahamandali in the Devasthanam premises with the assistance of the Srisailam Temple Authorities.

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सुखं समग्रं विज्ञाने विमले च प्रतिष्ठितम्"॥

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Editor :
Ayurved Kesari
Lakshmi Kant Pandeya,
Ayurvedacharya

Head Office : NAGARJUN
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Editorial

"परो भूतेष्वनुक्रोशस्तत्त्वज्ञाने परा दया।
येषां तेषामसद्ग्रादनिग्रहे निरता मतिः"॥

CHARAK, SUTRA • CH XXX

AYURVEDA—THE BASIC SCIENCE OF HUMAN WELFARE, CULTURE & SCIENCE

IT has now been realised that efforts should be made to recover the ancient glories of this great country, its culture, its achievements in every field. Ayurveda was one of the great achievements in those days, which really helped people to lead a longer, healthier and purposeful life. Most of its teachings has gradually been forgotten for many reasons and a time has come to dig out this ancient treasure of knowledge and exploit it for the benefit of the suffering humanity.

History testifies that for thousands of years past Ayurveda which has been known as Hindu Medicine was the only systematic art of healing not only in India but the whole world. We, Indians are fortunate that it lived here a useful life even amidst distractions and still fights the noble battle of curing millions of suffering humanity in this country where it owes its origin. It is an admitted fact that even today it saves people of India more than all other systems of medicines combined. It has lived and out-lived crushing influences in the past. Given chance of experiment and research by the State and the people it is sure to live a good deal more to combat the ailings of humanity. "Save humanity regardless of earthly gain" has ever been the motto of Ayurveda.

The great Charaka said :—

"नार्थार्थं नापि कामार्थमथ भूतदयां प्रति।
वर्त्तते यश्चिकित्सायां स सर्वमतिवर्त्तते॥
कुर्वते ये तु वृत्त्यर्थं चिकित्सापण्यविक्रयम्।
ते हित्वा काञ्चनं राशिं पांशुराशिमुपासते"॥

That is, "not for any private gain, not for fulfilling any earthly desire, but solely for the good of suffering humanity should you treat your patient. Those who sell their knowledge of healing diseases gather dust and neglect

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the gold". Such noble hearts were to be found among the practitioners of Ayurveda and herein lies the truth whereby they attained their successes in curing poverty-stricken fellow-beings and in finding out new medicines to make their knowledge perfect. While fully appreciating the immense services rendered by modern hospitals in these days, it remains an irrefutable fact that Ayurvedic physicians did and are still doing more services to the people in any town or village by their private medical charities, than many hospipitals, so far as medical treatment is concerned.

Branches of Ayurveda

Ayurveda in the past was not confined only to the practising Medicine alone as one finds it now and the great Rishis who originated this "Science and art of living a happy life" never dreamt that Ayurveda would shrink into such a narrow scope. Ayurveda, as they saw it, was not only medicine but was divided into eight different branches, viz. Medicine, Surgery, Midwifery, Treatment of Diseases of the Eye, Ear, Nose and Throat, Psychotherapy, Pediatrics and the Science and Art of Rejuvenation and Procreative Invigoration. Such was the progress made in all these individual branches that at one time there were schools specialising in these different branches with educative libraries of differentiated literature to back them. Even Veterinary Science considerably developed as a branch of Ayurveda as we find in Shalihotra Samhita, Gautam Samhita and Palakapya Samhita dealing with the treatment of horses, cattle and elephants. Even at the present day preventive medicine is being more and more preached. But this was long foreseen by Sushruta when he told that the first object of Ayurveda was the preservation of health and the second only eradication of diseases.

Ayurveda in its Prime

Modern history of India now taught in our schools truly starts where only the history of Ancient India ends. A true history of the great achievement before the birth of Buddha is yet to be written. In ages long forgotten during the great war of Kurukshetra which occurred at least 5,000 years ago Ayurveda was in its prime and yet was capable of effectively meeting all demands both medical and surgical. For many centuries after that, the light of Ayurveda shone upon all contemporary civilisations as in Egypt, Rome, Greece, etc. Mr. Pococer in his work "India in Greece" has shown by irrefutable evidences that Greece owed her civilisation to India—her mythology and old names were from Sanskrit literature. Civilisation of Rome

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came later and owed a great deal to Buddhist preachers. Ayurveda was then learnt, adored, followed and imitated in every country advanced in civilisation. Subsquently during continuous invasions from outside—the lust of extending kingdom—the huge Ayurvedic libraries were lost. But a great part of the ancient glory, notwithstanding the crushing influences, still survives in the modest hamlets of the simple pandits. Ayurveda thus still holds its own and to this must be thanked the intrinsic merit of thoughtful men based on solid clerical foundations.

Anatomy Also

Indian sages first felt the necessity of dissection of human body in the education of physicians and surgeons. Many works existed in Anatomy viz. "Bhoja Samhita Sharir", "Shaira Padmini" etc. and Sushruta mentions

"तस्मान्निःसंशयं ज्ञानं हर्त्रा शल्यस्य वाञ्छता।
शोधयित्वा मृतं सम्यग् द्रष्टव्योऽङ्गविनिश्चयः॥
शरीरे चैव शास्त्रे च दृष्टार्थः स्याद् विशारदः।
दृष्टश्रुताभ्यां सन्देहमवापोह्याचरेत् क्रियाः"॥

"Whoever wishes to practise Surgery must prepare a corpse in the proper way and see by careful dissection every part of the body to gain definite and doubtless knowledge". (Sushruta, Sharira Chapter V.)

In the field of Physiology, circulation of blood was discovered thousands of years ago, long before Sir William Harvey came out with his theory on this subject. Charaka says :

"तेन मूलेन महता महामूला मता दश।
ओजोवहाः शरीरेऽस्मिन् विधमन्ते समन्ततः॥
येनौजसा वर्तयन्ति प्रीणिताः सर्वजन्तवः।
यच्छते सर्वभूतानां जीवितं नावतिष्ठते॥
यत् सारमादौ गर्भस्य योऽसौ गर्भरसाग्रदः।
संवर्तमानं हृदयं समाविशति यत् पुनः"॥

"From the heart (great centre) emanates the vessels carrying blood into all parts of the body—an element which nourishes the life of all animals and without which life would be extinct. It is that element which nourishes the fœtus in utero and which flowing into its body returns to the mother's heart". (Charaka, Sutra, Ch. XXX). The theory of "Tridosh" or three principles was also a great finding of Ayurvedic sages. Commonly known amongst Ayurvedic physicians as Vayu, Pitta and Kapha they should not be taken

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in their literal meaning but are in fact embodiments of Physiological, Pathological and Therapeutical fields in our everyday practice. The advances made in Chemistry by a class of "Rash-Vaidyas" or chemist-physicians were no less remarkable.

Last, though not the least, are the two specialised branches of Ayurveda known as Rasayana and Vajeekarana. The main object of the first was restoration of health and failing power in old age and that of the second branch is the preservation and restoration of procreative power so as to get healthy progeny.

We have tried to give you in short a glimpse of the past glory of Ayurveda and now we would like to draw your attention towards its present condition.

Ayurveda Today

It is a very encouraging sign that today all round there is a talk about Ayurveda and the distrust which prevailed not long before is gradually dispersing away. People are evincing more and more interest in Ayurvedic literature and even the intelligentsia are not hesitating to undergo Ayurvedic treatment to get themselves cured of their ailments. In Bombay, Calcutta, Beneras, Aligarh, Jhansi, Raipur, Lucknow and Madras, schools and colleges educating students on practising Ayurvedic methods of treatment have been established and more and more students are having study in these institutions.

In England, America and Germany reputed doctors and Companies are more and more showing interest in Ayurvedic literature and medicines. In New York and Vienna there exist libraries with huge collections of rare Ayurvedic books and any works published here are immediately added to this collection and made available to their numerous readers. Recently, the famous Ayurvedic book 'Astangahridaya' has been translated by a leading German doctor. All these tend to show the immense interest continuously growing in the minds of the people in India and abroad to recover at any cost the valuable knowledge of the entire Ayurvedic system of medicine and derive its advantages for the benefit of the suffering humanity.

The entire Ayurveda is based on Panchabuta theory (tridosh) which has got direct relation with nature. Therefore, it is clear that Ayurveda is a natural science and it can be practised with best advantage in any part of the globe. Modern world is busy in scientific research and therefore they are anxious to get information and basic material for carrying out researches from the treasure of Ayurveda.

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Charaka and Sushruta

Ayurveda is rich enough to provide sufficient material for research on different subjects of animal kingdom, mineral kingdom and vegetable kingdom. Ayurveda which was brought by Bharadwaj from Indrapuri is still lying in the sealed books of Charaka and Sushruta and it is the proper time for us to unfold the hidden treasure for the benefit of the suffering humanity. The task before us is a difficult one indeed, but we should now join hands to enable us to obtain the gifts of Health, Wealth and Salvation from the perennial and primordial "Jar of Nectar" held out by the Lord Dhawantari for removing all ailments.

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AYURVEDIC EDUCATION AND PROFESSION IN ANCIENT INDIA—III

Dr. Vulluru Subba Rao

Ordinarily the history of ancient Indian education extends from 2000 B.C. to 1200 A.D. From the point of education the period from 1200 A.D. to the eighteenth century can be called the medieval age. Socially and educationally, ancient India did not have the same characteristics throughout. Therefore, we sub-divide the periods and the division would be as follows :—

I. 2000 B. C. to 1000 B. C.—The Vedic Period.
II. 1000 B. C. to 200 B. C.—The Upanisadic Period.
III. 200 B. C. to 500 A. D.—The Dharmasastric Period.
IV. 500 A. D. to 1200 A. D.—The Pauranic Period.

The Vedic Period : At this stage society was very simple. Idol worship was unknown. Men and women had equal rights. The caste system had not taken shape. Practically, every one was his own teacher, his own warrior, his own farmer and agriculturist.

The Upanisadic Period : During this period, gradually, society began to be divided into groups, and this grouping started with the Vedas. Round about 600 B.C., we began formulating the rules of writing. The Vedas were small in the beginning, and the people did not practise idol worship.

The Dharmasastric Period : This period saw a good deal of activity in respect of art, literature, mathematics and dramatics. Sanskrit had become a classical language. The language of popular communication was Prakrit. The caste system was rigid. Women did not enjoy the same freedom as before.

The Pauranic Period : Really speaking, this period is the period of the Buddhists so far as education is concerned. Universities of Nalanda and Vikramshila were Buddhistic institutions. Their language was Pali. Institutional education began for the first time in the Pauranic Period.

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Thus in brief, our modern institutions can be compared with the schools of ancient India. Any student who earnestly desired to be educated was never disappointed. Teachers too did not hide deliberately ANY technical knowledge from their students.

Sukracarya, the preceptor of the Daityas, taught to his bitterest enemy's son, Kaca, the art of reviving the dead. Drona, the famous archer, could not hide whatever he knew of the art of archery from Dhrustadyumna, in spite of the fact that he knew that this disciple would kill him one day.

The guru and the pupil lived together. They had great affection for each other; rather their love was just like the love of father and son. The students used to live in the teacher's house which was known as the gurukula.

In the gurukula, the student had to shun all comforts. He had to go to bed after the guru and had to get up before him. He had to help the guru in household work, involving even menial duties at times. The life in gurukula was well disciplined, and at times very hard. From the point of view of needs, both teachers and the taught were satisfied. As the teacher did not live in luxury, he did not lead a life of want. The problem of indiscipline arose very rarely and since it was not frequent, punishments were not needed. There was a code for all sorts of activities.

Liberal Education.

The education provided in the Universities like Texila, Nalanda, Kanchi, Sridhanyakataka, Vikramashila and Banaras was quite liberal. Students were provided with free boarding, lodging, and clothing. There was generally a keen competition between the villagers in giving their mite for the village school. Besides this, they used to donate without hesitation at the time of social functions like marriage, upanayanam etc. The teacher not only provided knowledge to the students, but also raised funds from the villagers for the benefit of the students. In times of crisis, the guru used to approach kings with a request to help the gurukula. The guru did not refuse to teach any student, provided the student was fit to receive instruction.

Their method of teaching was predominantly oral. It was not merely oral, but was individual also. Hearing, contemplation, and practice were the main features of their method. There were few books, the Vedas were not written. Everything was learnt by heart. Their conviction was : "If knowledge is in books, it is like money lent to others". At a time, the guru had 15 or 20 students and only so much was taught at a time as the pupil could easily learn. Whatever was taught, was learnt by the student on the same day. Unless the first lesson was fully learnt no further lesson was given. Sometimes older students were required to teach younger students. The "Bell Lancaster System", the "Monitorial System", or the "Madras System" was copied by the Britishers from this country. The teacher taught older students at a fixed time of the day, and then the older taught the younger ones at some other time. It was possible, as the number of students and the number

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of subjects were less. In this way there was an apprenticeship.

Our information regarding Nalanda comes from the Chinese pilgrim, Yuan Chwang, who toured India from 653 to 687 A.D. He stayed at Nalanda for ten years. He copied sacred Buddhist works. According to him, the place was known as Dharmaganj. The University had three big buildings known as Ratnasagar, Ratnadandi and Rathnaranjak. Out of these, the middle one was a nine-storeyed building. The library was housed in it. In all there were eight halls and 300 apartments. Messing was common. In every courtyard there was a well. Rooms were either single-seated or double-seated. Every student had a stone, known as the chabutra, to sleep on. In every room there was a place for keeping lamps and books. There was great rush for admission. Not more than three out of ten succeeded in getting admission. Even then, there were 10,000 students and 1,000 teachers and it continued for more than eight or nine centuries, beginning from the 2nd century A.D. The institution was financed out of grants in the shape of lands. There were as many as 200 villages endowed by the Gupta kings for the maintenance of the University. Since it was a Buddhistic institution, the head was a monk, and the teachers were bhiksus. *Strangely enough, the study of Sanskrit was compulsory.*

To Indian Universities came students from far-off lands like China, Tibet, Java, Sumatra, Korea, Greece, Iran, and Arabia to quench their thirst for learning. They stayed in the Universities for more than ten years, and specialized in logic, medicine and astronomy. It is quite obvious that the Indian Universities had a high standard : that was why students from foreign lands were attracted, even when there were no facilities for travelling. The standard of these Universities can be judged from the stay of the famous doctor Jeevak (who attended on Emperors and whose fee was a figure of not less than eight digits) at Texila for seven years specializing in medicine. Even after his long stay, when he left the University, he thought that he was lacking in adequate knowledge of medicine. In those days, theoretical knowledge had no value. The doctor with theoretical knowledge was regarded like an ass, conscious of the quantity and not the quality of the load on its back.

Practical training in pharmacy and surgery was insisted upon by legislative action before a doctor could set up a practice. Strabo, the Greek historian, has certified the fact that Indians were great physicians, and they were specially good at curing snake-bites. Inexperienced candidates were given practice in surgery, under the most experienced and specialized teachers. Only proficient surgeons were allowed to make operations of intestinal displacements, deep cranial abscesses, cataract, hydrocele and the removal of the still-born child from the uterus. The patients were made insensitive to pain by an over-dosage of wine.

Not only human beings but even animals were given perfect medical aid. For the first time in the history of the

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world, Ashoka the Great built veterinary hospitals duly equipped with all necessary medicines. The names of great veterinary surgeons like Nakula and Sahadeva cannot be removed from the pages of history.

Similarly, ambulance cars were also utilized to remove the injured soldiers from the battle-field. We do not find the name of any such conveyance in European history before the commencement of the Crimean War. Not only this ; even the services of Indian doctors like Manaka and others were requisitioned by Khalifa Harunal Rashid of Baghdad, when he was seriously confined to bed and Arab physicians had lost all hopes of curing him. After recovery the Khalifa himself requested Manaka to stay with him and translate Ayurvedic works into Arabic. He also desired to call Indian lady doctors and midwives to write text books for his medical colleges.

The Taxila University was at its zenith as regards medical studies even in the early centuries of the Christian era. Similarly, the famous University of Ujjain had specialists of mathematics and astronomy and was famous for having established a great observatory. In Southern India, there was a famous educational centre at Kanchipuram.

Instances of life-long brahmacarya were quite common in Nalanda. Megasthenes has quoted instances, where Brahmins studied for as many as 48 years. They studied logic, Vyakarana, and philosophical subjects which are given great importance today and have been included in the humanities.

There were equal opportunities for all. There was no distinction between the rich and the poor. The prince and the peasant used to get the same kind of education from the same guru. The pupilage of Drona and Drupada is the best example of this type.

To conclude, education was free and broad-based. For the unkeep of the Universities, donations and endowments were made by the foreign as well as native rulers. The ultimate aim of education was the emancipation of the soul. 'Action is important' was their belief. Self-action and self-control lead life to emancipation. Education was influenced by the general principles of life. The Bhagvadgita emphasizes that a student who seeks admission into a temple of learning should be properly disciplined, a sincere devotee, eager to hear and serve and never showing hatred towards others. Learning for base purposes was strictly prohibited. Every individual was induced to serve the community, irrespective of caste or creed, or his needs, just like a Doctor, who while treating, forgets whether the disease is contagious or whether he would get his fee or not. In convocations, high ideals were insisted upon both in the teacher and the taught. The teachers prayed for the glory of their students so that they might earn good name and fame for themselves as well as for their teachers wherever they went. For such times only Yaska had defined a true scholar in the words of the goddes of learning, Saraswati : "Protect me, and I will be thy cherished treasure".

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In brief, education was not controlled by any external authority in ancient times. The State did not try to control it. The teachers were free to teach whatever they liked. They were the masters of the field.

(E.N.) Often the question is asked: 'Even granting that the dates of the Vedas and the Puranas are exactly found out and pushed back a thousand years more than what many scholars are prepared to accept now to be fairly true, what is the use of spending time and energy to recall the glories of the past when we are sure that the conditions under which we live at present are entirely different?' The answer is that there were certain features of ancient life, especially in the field of education, which we can profitably remember and employ on an extensive scale now, with the added advantages made available through modern developments in almost every field or activity. As if to indicate these great possibilities, and to help the reader to get into a constructive way of thinking. *Mr. Shamsuddin, B.A., B.T., M.Ed.*, gives a pen picture of Nalanda and other Universities of ancient India. When he says that 'students were provided with free boarding, lodging, and clothing', or that 'the guru did not refuse to teach any student provided the student was fit to receive instruction', we are led to see the enormous efforts needed to make such a 'motto' real on an all-India scale now. His remark that 'The Bell Lancaster' or 'The Monitorial' or 'Madras' system 'was copied by the Britishers from this country', strikes in our hearts a chord that can awaken the spirit of originality and research, transmitted to us by our ancestors, and lying latent in us all the while. Who can miss the valuable suggestion in the statement that at Nalanda, with its '10,000 students and 1,000 teachers...since it was a Buddhistic institution...the head was a monk and the teachers were Bhiksus...yet *'strangely enough, the study of Sanskrit was compulsory'?...The mention of Jeevak, the able physician thinking, even after a study of seven years, that he was lacking in adequate knowledge of medicine' ought to act as a lesson in modesty for all title-holders of our time.* The picture of 'the Khalifa' desiring 'to call Indian lady doctors and midwives to write text books for his Medical Colleges' has an inspiring message not only for India and the so-called Middle East but for other regions of the world as well. The writer significantly adds: 'To Indian Universities came students from far-off lands like China, Tibet, Java, Sumatra, Korea, Greece, Iran, and Arabia to quench their thirst for learning'. And, 'in those days theoretical knowledge had no value'. Each sentence shows that the writer is a master in the art of 'suggestion' at its best..." Swami Nissreyasananda-Editor P.B.

(Prabuddha Bharata Dec. 1957)

Their opinions respecting the character of a physician were given many years ago in Sir W. Ainslie's Materia Medica of India, where we are told "He must be a person of strict veracity and of the greatest sobriety and decorum; he ought to be thoroughly skilled on all the Commentaries of Ayurveda, and be otherwise a man of

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sense and benevolence. His heart must be charitable, his temper calm and his study how to do good. Such a man is properly called a good physician, and such a physician ought still daily to improve his mind by attentive perusal of scientific books. When a sick person expresses himself peevishly or hastily a good physician is not thereby provoked to impatience; he is mild yet courageous and cherishes a cheerful hope of being able to save his patient's life; he is frank, communicative, impartial and liberal; yet ever rigid in exacting an adherence to whatever regimen or rules he may think it necessary to enjoin. Should death come upon us, under the care of a person of this description it can only he considered as inscrutable fate and not the consequence of presumptuous ignorance". That the native practitioners have in some measure been benefited by these instructions, we have the satisfaction to learn from a native authority in the Asiatic researches. If the picture be a true one, I fear they would put some of their European brethern to shade as it is stated "that all the tracts on medicine must indeed be studied by the Vaidyas (Doctors) and they have often more learning and far less pride than any of the Brahmins. They are usually poets, grammarians, rhetoricians and moralists and may, in fact, be esteemed the most virtuous and amiable of the Hindoos".

(Noylie's Antiquity of Hindu Medicine, pages 51 & 52.)

Col. Ganapat Rai, I. M. S. opines that the medical profession was nothing new to this country. It was a divine profession to have been handed over to them by God and included in the Hindu sacred books. It was a profession to be practised for the love of humanity. It had degenerated into a mercenary profession. In this profession the young men would be able to render service to the motherland which no other profession could render. It gives them opportunity for healing the sick, whether rich or poor".

('The Hindu'.)

Those who study the eight limbs of the science of Life, with due care, and make use of the knowledge with caution, shall preserve the lives of men on this earth. It is imperatively necessary that the book should be read, and after having read it one should attend to the practice. The physician who has learnt these, both the theory and practice, is fit to be honoured by kings.

Ayurvedic culture is not based on constantly changing theories but on eternal principles realised by sages who had attained super-sensuous insight into things. The truths they saw were communicated to their disciples from generation to generation and handed down to posterity with the only object of doing good to humanity. The system was of transmitting truths and giving training in practical treatment, and the teachers of Ayurveda have even up to this day with very few exceptions maintained the high ideal of imparting free education to deserving pupils and providing boarding and lodging for them at their own houses.

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Modern View

Dr. A. Lakshmipathi, B.A., M.B., C.M., Bhishagratna and Pranacharya says : "Medical profession in India as understood by the English-educated classes comprises only those who received their education in modern colleges belonging to the allopathic system. The vast majority of people in this country to-day are are yet untouched by the Western medical practitioners either by the scarcity of the modern trained men or by the prejudices which many people have towards foreign medicines. There are now practically two sets of physicians in India working in rivalry with each other. In no other country in the world can be found this sort of dual system. The medical profession in any country is considered as one unit though there may be different grades of practitioners according to the course of study, qualification or skill in different branches of knowledge. But here the nominal medical profession is one which has powerful resources of the State at its back and the actually practising medical profession (Ayurvedic) is another. The latter is numerically by far stronger and equally in touch with the masses but it is an unrecognised body".

In both, Charaka and Susruta, we find that the object of the Rishis is to allow Ayurvedic physicians to practise with proper permission from the king, and suppressing quacks by penal legislation. Unfortunately in our country, the question is not easy of solution as to who are quacks ? Under most Governments in the world Homeopathy is still regarded as a form of quackery. In India under British rule, and onwards, the system propounded by the same Rishis themselves is regarded as quackery. Vaidyas in state returns are classed as herbalists, a fine instance of the appreciation in which the Hindu system of medicine is looked upon and honoured by the rulers of the country. Rulers often say people want no caste, no religion, no system of Ayurveda. Is it to be tolerated ?

The three aspirations प्राणैषणा, धनैषणा **and** परलोकैषण

The aim of the medical profession in ancient India was as high and as noble as it was based on three important aspirations, *viz.*, the aspiration for preserving long life ; that for earning wealth and lastly that for attaining to felicity in the next world. The preservation of life is the preservation of the health of the hale and the heedfulness of the ailing in the cure of their ailments. The second of these is the aspiration after wealth. Next to the life-breaths one should seek the acquisition of wealth. There is nothing more miserable than this misery *viz.*, length of life possessed by a person destitute of wealth. Also the third aspiration that which concerns with the next world *i.e.* Moksha.

Acquisition of धर्म, अर्थ **and** कामः

If we look in the ancient medical works the medical profession is to be practised by the three twice-born castes *Brahman, Kshatriya* and *Vaisya.*

"Brahmanas should learn it for doing good to all creatures, Kshatriyas should

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learn it for self-preservation, and Vaisyas should learn it for earning wealth by practising it as a profession. And all may study it for the acquisition of Dharma (धर्म), Artha (अर्थ) and Kama (काम). In this connection the care that one takes in allaying the ailments of men that are conversant with the science of soul, of those that are bred in the path of righteousness, of those that are promulgators of religion, as also of mothers, fathers, brothers and kinsmen and seniors and precepetors, and the study that one makes of the science of life, its communication to others and the writing of compiling of treatises on it represents the Dharma (धर्म) that this science affords. The acquisition of different kinds of wealth, to be happily enjoyed, from kings and chiefs and men of wealth, the preservation of one's own self and preservation of all those that are one's dependents represents the Artha (अर्थ) that this science affords. That which consists in the approbation of the learned, of fame, of the status of being looked upon the religion of all and restoration to health of the affected, of persons dear and beloved represents the Kama (काम) that this science affords".

(Charaka Sutra Ch. XXX)

Of the Chatushpadas, the Physician is important

Medical profession requires four instruments (चतुष्पाद) *viz.*, Physician, Medicines, Instruments etc., Nurse and the patient. Of this aggregate of four, the physician is the chief cause for the achievement of success, since he is the ascertainer of disease, the director with respect to what the nurse and the patient should do and the adviser of medicines. As in the task of cooking, a vessel, fuel and fire are means in the hands of a cook; as in a battle-field, an army and weapons are means for the commander's hands for achieving a victory in the battle, even so the patient, the nurse and drugs are regarded as the physician's means in the matter of achieving a cure. Again in the matter of treatment the physician is regarded as the chief cause. Like clay, stick, wheel and thread etc., in the absence of the potter failing to produce anything by their combination, the three others, *viz.* nurse, drugs and patient cannot work out a cure in the absence of the physician.

(Charaka Sutra Ch. IX.)

From the above we can judge that inspite of medical education to the medicoes of olden times, they used to give moral education which we cannot dream of in the present day institutions. After considering the main principles of the medical education let us see what are the qualities and qualifications of a physician as given in the Rigveda :—

यत्रोषधिः समग्मत राजानः समितामिव ।
विप्रः स ऊयतेभिषरक्षोहाऽमीवचातनः ॥ ऋ १०।८७॥

"A physician is that learned man under whose flag muster together all the medicines to fight out battles against disease, like all क्षत्रियs or warriors under their commander on a battle-field. He also kills bacteria,

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destroys the root of the disease and consequently removes completely the malady itself". From this, it is clearly manifest that the following are the qualifications of a physician :—

1. विप्रः (विशेषेण प्रज्ञः)—The physician must be learned, wise and thoroughly conversant with the medical science.

2. ओषधी-संग्राहकः also ओषधी-योजकः He must store all kinds of medicines and should administer them with discretion.

3. रक्षो-हा (रक्षसां हन्ता) He ought to make thorough and careful examination of the bacteria and then kill them.

4. अमीव-चतन (अमीवः—रोगाः तनू चतयति दूरीकरोति)—He roots out the particular disease by an appropriate application of a proper medicine.

Thus a physician is properly called or deserves the name of a true physician when he possesses the following four attributes :—

(1) Complete mastery over the science, (2) Exhaustive collection of all kinds of medicines, (3) Ability to cure the disease and (4) consequently ability to remove the very root of the malady.

शीलवान् मतिमान् युक्तो द्विजातिः शास्त्रपारगः ।
प्राणिभिर्गुरुवत्पूज्यः प्राणाचार्यः स हि स्मृतः ॥ चरकः

One who is a preceptor of the science of life, who is possessed of pure conduct, who is endowed with intelligence, who is devoted, who belongs to the regenerate orders (twice-born castes), and who has thoroughly mastered the scriptures of the medical science, should be worshipped by all persons even as a Guru is worshipped.

विद्यासमाप्तौ भिषजो द्वितीय जातिरुच्यते ।
अश्नुते वैद्यशब्दं हि न वैद्यः पूर्वजन्मना ॥ चरकः ॥

After the completion of the science of life (Ayurveda), it is said physician's third birth takes place. Hence he is called a Vaidya. One does not become a Vaidya by only one's previous birth.*

विद्यासमाप्तौ ब्राम्हं वा सत्वमार्षमथापि वा ।
ध्रुवमाविशते वैद्यं तस्माद्वैद्यो द्विजः स्मृतः
नाभिध्यायेन्नचाक्रोशेदहितं न समाचरेत् ।
प्राणायार्थबुधः कश्चिदिच्छन्नायुरानैत्वर ॥ चरक ॥

Upon the completion of the medical science (Ayurveda) the mind described as Brahmya, or as appertaining to that of a Rishi verily enters that person in consequence of such knowledge. Hence who is a Vaidya is said to have three births. Hence one that is endued with intelligence and desirous of longevity should never cherish evil intentions towards a physician (पापाचर्य) or speak ill of him or do any injury.

चिकित्सितस्तु यस्तस्य यो वा संशत्यमानवः
नोपकरोति वैद्याय नास्ति तस्य हनिष्कृतिः ॥

Here jatih always means birth. It was never in ancient literature used to imply caste for which the word Varna was used. By adopting the word tri jati, the fact is the first birth is the original or actual birth upon delivery by the mother. They are called Janthus and the second birth is by investiture with the sacred thread on which occassion the Gayatri mantra is communicated by the father to the son (Dwija). Besides these the physician is said to have an additional birth upon the completion of (Sishyopanayaneeyaym) rites of formal initiation of a pupil into the science of life, Ayurveda—(Trija).

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That person cannot free himself from sin, who being treated by a physician does not come to his service (does not help him in return) whether he hears of it or not.

भिषगाञ्चतुरान् सर्वान् स्वसुतानिवयत्नवान् ।
आवधेश्भोहि संरक्षे दिच्छन् धर्ममनुत्तमम् ॥
धर्मार्थं नार्थकामार्थमायुर्वेदो महर्षिभिः ।
प्रकाशितो धर्मपत्युरिच्छद्भिः स्थानमक्षरम् ॥
नात्मार्थं नापि कामार्थं अथ भूतदयां प्रति ।
वर्तते यः चिकित्सायां स सर्वमतिवर्तते ॥
कुर्वते ये तु वृत्त्यार्थं चिकित्सापणयविक्रयम् ।
ते हित्वा काञ्चनंराशिं पांशुराशिमुपासिते ॥

The physician who desires to win merit (धर्म्म) of the highest order, should with tender care, protect all his patients, like his own children from diseases. The great sages, who were desirous of attaining that goal which knows no change, and who had piety for their sole aim, promulgated Ayurveda for the sake of piety, and not for earning *wealth and happiness*.

That physician, who not for self-interest, neither for his own enjoyment, but out of compassion for creatures, devote himself for treatment, excels all other people.

Those physicians, who for the sake of living, sell treatment as an article of trade, may be said to throw off heaps of gold and accept heaps of ashes in return.

दारुणैःकृष्ययाणानां गदैर्वैवस्वतक्षयम् ।
छित्वा वैवस्वतान् पाशान् जीवितं यःप्रयच्छति ॥
धर्मार्थंसयशस्तेभ्यो दाता नेहोपलभ्यते ।
नहि जीवितदानाद्धि दानमन्यद्विशिष्यते ॥
परो भूतदया धर्म इतिमत्वा चिकित्सया ।
वर्तते यः ससिद्धार्थः सुखमत्यन्तमश्नुते ॥ चरकः चिः सः १ ॥

The physicians cutting the chins of *Yama*, gives life to one that is being handled towards the abode of the son of *Vivaswata* by means of terrible diseases. Another giver of piety and wealth like a physician cannot be conceived of in this world. Since there is no gift (दान) which excels the gift of life (प्राणदान).

He, who thinking that compassion for creatures is the supreme virtue, devotes himself to treatment, has his ends accomplished and enjoys eternal felicity (*Moksha*).

Charaka in his Sutrasthana Ch. XI mentions three kinds of physicians namely :

1. भिषग्वेषचरा :—Hypocrites or quacks dressed as physician.
2. सिद्धसाधिता :—Physicians by common report.
3. वैद्यगुणसंपन्ना :—Qualified physicians.

1. The physicians are said to be hypocrites and quacks in the guise of physicians who having equipped themselves with the utensils, the medicines, the books and the titles and having assumed their manners and conduct, acquire the title of physicians.

2. Those are said to be physicians by report, who without really possessing the required qualities, pretend to prosperity, fame, knowledge, and success such as true physicians have and acquire the title of physicians.

3. The true physicians are those that have a practical knowledge of the application of drugs and acquaintance with the medical scriptures, and the affairs of men, that are celebrated for their success in treatment, that contribute to the real

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happiness of their patients, and that are restorers of life and strength.

Making 1 and 2 as one, there are two kinds of physicians :—

1. Those that follow the life-breaths by destroying deseases.

2. Those that follow diseases by destroying life.

1. (वैद्यवृत्तिश्चतुर्विधा)

(क) Friendliness towards the patient.

(ख) Compassion towards them.

(ग) Enthusiasm in respect of such diseases as are curative.

(घ) Unwillingness to such as are on the point of death.

(वैद्यगुणचतुष्टयम्)

(a) A thorough mastery over the scriptures.

(b) Large experience of results.

(c) Skilfulness.

(d) Purity of both mind and body.

(प्राणदान)

(a) Knowledge of the science.

(b) Proper use of the knowledge.

(c) Skilfulness and readiness of hand.

(d) Practical knowledge.

(राजार्हा भिषजः)

(1) Causes of disease.

(2) Symptoms of disease.

(3) Prophylactic treatment.

(4) Radical treatment.

The physicians who possesses these six qualifications can accomplish everything :—

a. Entire mastery over the subject.

b. The faculty of reasoning and drawing inferences.

c. Conversance with other branches of knowledge.

d. Memory.

e. An effort for curing diseases.

f. Repeated experience of treatment.

Any of these would explain the etymology of the world *Vaidya* :—

(a) Knowledge.

(b) Good understanding.

(c) Ambition towards medical practice.

(d) Faculty acquired by practice.

(e) Skilfulness in treatment.

(f) Connection with good physicians.

He who possesses these auspicious qualifications deserves the designation of Vaidya (doctor) and such a person is really the giver of both life and happiness. The Scriptures are as light for discovering objects, his own understanding is like the eye ; so the physicians by understanding to treat the disease after having equipped himself with these two, incurs no blame.

During the reign of Chandragupta

Physicians were called 'Bhishaja', 'Chikitsakas', 'Jangalividus', and 'Sutika 'Chikitsakas'.

Bhishajas

Were those physicians who were well versed in all the eight branches of study.

Chikitsakas

Were those physicians who were known as ordinary physicians (साधारणवैद्याः).

Jangalividus

Were those well versed in toxicology. When Alexandar invaded this country (India) he brought with him some of his physicians (Greek doctors). When he was in the Punjab,

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some of his soldiers were bitten by snake and the Greek physicians did not know the proper remedies to cure them. Then Alexander sought the help of Hindu physicians, who at once cured the Greek soldiers from the deadly poisonous bites. He was greatly astonished at the skill of the Hindu physicians and gave a general order that whenever his soldiers would be afflicted with any disease they should go and seek the help of Hindu physicians.

Sutikachikitsakas

Were those who were versed in the art of Midwifery (प्रसूतितन्त्र).

Besides these there used to be surgeons who used to treat soldiers on battlefields. No man was allowed to be a physician simply because he knows the names of some drugs, and nobody was allowed to practise without the permission of the king, and carelessness on the part of any physician in treating the patient was considered a crime. In cases of suspicious deaths there used to be post-mortem examinations (Anumrita pareeksha) like that in this twentieth century. Whenever there were epidemics as a result of famine, the physicians were ready to offer this help.

(Chandragupta (Telugu) by Swami Vidyananda Paramhamsa, B.A.).

Different kinds of physicians as given by Dr. Surendra Goswami, B.A., L.M.S.

In his introduction to Bhishagratna's Sushruta-Sanhita :—"Vedic India like ancient Egypt, recognised the principles of the division of labour among the followers of healing art. There were Shalya Vaidyas (Surgeons), Bhishakas (Physicians) and Bhishag Atharvans (Magic doctors) and we find that at the time of Mahabharata, which nearly approaches the age of our author (Sushruta), the number of the sects had increased to five which were named as Rogharas (Physicians), Shalyaharas (Surgeons), Vishaharas (Poison curers), Krityaharas (Demon doctors) and Bhishag atharvanas (Magic doctors). In the Vedic age (before Sushruta) physicians had to go out into the open streets, calling out for patients. They lived in houses surrounded by gardens of medicinal herbs. The Rigveda mentions the names of 1,001 medicinal drugs. Verses eulogising the virtues of water as an all-healer, and of certain trees and drugs as purifiers of the atmosphere are not uncommon in the Vedas. Indeed the rudiments of Embryology, Midwifery, Child management and Sanitation were formulated in the age of the Vedas.

(To be continued)

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KAVIRAJ GANGADHAR ROY KAVIRATNA—IV

Dr. P. Chatterjee, M.A.

Disciples of Kaviraj Gangadhar Roy and the line of treatment followed by him and his knowledge of the Science of Pulse.

In the course of his practice, Kaviraj Gangadhar Roy had the singular good fortune of being able to teach a very large number of distinguished pupils in his Tole at Saidabad, which is the name of a locality situated at the northern extremity of Berhampur, the district headquarters of Murshidabad district in West Bengal.

Of the famous disciples of Kaviraj Gangadhar Roy, the following names shine most brilliantly in the Ayurvedic firmament of India :—

1. Kaviraj Dwarika Nath Sen of Calcutta.
2. Kaviraj Haran Chandra Chakravorty of Rajshahi.
3. Kaviraj Gayanath Sen of Birbhum.
4. Kaviraj Jadunath Das of Pabna.
5. Kaviraj Sricharan Sen of Murshidabad.
6. Kaviraj Pareshnath Sen of Banaras.
7. Kaviraj Rajendra Narayan Sen of Calcutta.

All of them established very good practice not only in their native places but also in the remotest corner of India. None of his disciples was a poor man. Most of them commanded a professional fee to the extent of rupees one thousand per day. The line of treatment followed by Gangadhar was so accurate and successful that it produced the same effect in the hands of his disciples also. So everywhere his direct disciples, and their students were also very successful in their line. Two of such students were very brilliant. They were Kaviraj Umacharan Bhattacharyya of Banaras and Kaviraj Jogindra Nath Sen of Calcutta. His direct disciple Haran Chandra was the writer of the Susrutartha Sandipan, a commentary on Susrut Sanghita. Haran Chandra has said in many places that he cherished a great desire of writing a separate commentary on Charak, but as that would wound the feelings of his venerable Guru, he did not do it. He started writing on Susruta, which was not then properly cultivated. Haran Chandra succeeded immensely as a commentator of

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Susruta. Of the direct disciples of Gangadhar Roy, nobody except Haran Chandra wrote and published anything of merit. As a physician also Haran Chandra rose to a very great degree of eminence and also was a specialist in the treatment of mental diseases. He was one of the best Ayurvedic surgeons that India has ever produced.

Mahamahopadhyay Dwarika Nath Sen was the best practising physician disciple of Gangadhar Roy. He could successfully treat the most difficult cases of those days in the face of the rapidly developing Allopathic system of treatment. His professional fee rose upto one thousand rupees per day. The then Government of India was pleased to confer upon him the title of "Mahamahopadhya" for his Sanskrit scholarship and successful practice.

Kaviraj Paresh Nath Sen of Banaras was also a very famous Ayurvedic disciple of Gangadhar Roy. He was specially noted for his understanding of "Charak Sanghita", the first and foremost book of Hindu medicine. In his writing of the famous "Jalpa Kalpa Taru" commentary on "Charak Sanhita" Gangadhar Roy was greatly helped by his four disciples, namely, Haran Chandra Chakravorty, Paresh Nath Sen, Dwarikanath Sen and Gayanath Sen of Birbhum. Gayanath Sen was his most favourite disciple. He was in-charge of preparing medicines for his Guru in the Gangadhar Niketan of Saidabad. He used to serve his Guru as Nandi served Lord Siva, and was thus able to secure the blessings of his world-famous preceptor. Gayanath was able to learn quickly the secret principles of the Indian Science of Pulse, which form a very important branch of knowledge of the science of Hindu medicine.

We have as yet not said anything about Sri Gangadhar's profound knowledge of the Indian Science of Pulse. It is a very huge affair to dilate upon. We are briefly describing it below :

The account of Gangadhar's profound knowledge of the Indian Science of Pulse.

An adequate knowledge of the science of pulse is an essential prerequisite on the part of an Ayurvedic physician of merit. That Gangadhar possessed the knowledge of Pulse to a very great extent is proved by the fact of his being able to write a very sound commentary on the "Nadi-bijyan" of Gautam, Kanad and Ravana. He was the first man to collect together the scattered materials or Slokas relating to the original science of pulse, based on the "Trisutra" of Brahma or the science of the Tridosh or the dosha-dhatu-mala-bijnan propounded by the school of Punarvasu. Gangadhar was in the habit of always diagnosing diseases with reference to the science of pulse with the help of his three fingers. Many modern physicians are not willing to assign the word "science" i.e. "Vijyan" to the subject of feeling the pulse. They are also not willing to believe that a correct diagnosis of the disease is possible through the feeling of pulse; and they describe it to be emperical and not purely scientific as it is not based on the theory of induction. Some say that it is not archaic in origin as no mention has

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been made of it in the Briddhatroyee, the famous works of Charak, Susrut and Vagbhat. There are others who call it to be a creation of the Siddhas of 'Nagarjun School of Physicians' in the age of Buddha. There are others who describe it to be a figment of the poet's brain, absolutely unconnected with scientific laws based on the knowledge of pure mathematics. But the science of medicine is more artistic than scientific in its nature. And Science is never absolutely unconnected with Art. All important scientific discoveries are the outcome of the prompting of inner vision or the sudden flashes of the imaginative and poetic mind pointing to things of far-reaching significance, and having no bearing on the prosaic world. Mental faculties cannot be mathematically measured. The personal skill of the surgeon who operates, and the physician who feels the pulse and listens to the sounds coming from the stethoscope he puts on the chest or the heart of the ailing patient, has much to do with the results achieved. It always varies with the respective capacities of the surgeon and the physician. If the subject of feeling the pulse as a means of diagnosing diseases is regarded as empirical by modern men of science, he should also regard the reading of the stethoscope as empirical involving personal skill of the physician in hearing the sounds through the stethoscope. If it is possible on the part of the telegrapher to send messages through such sounds as "tore, tokka, tore, takka, tore, etc.", and if it be possible on the part of the receiver of the sounds on the other end a to decipher its real meaning, as he is acquainted with the code of telegraphy, then why not a physician who is fully acquainted with the theoretical points and the practical code of the Ayurvedic Science of Pulse, should be able to read the meaning of the beatings that he feels underneath his three fingers when he puts them on the radial artery of his patient. But if the physician is not able to master the code of the Indian Science of Pulse, he has no chance of diagnosing the disease through the beatings he feels under his three fingers.

And it is quite natural on the part of a physician belonging to a different system of medicine and unacquainted with the code of the Indian Science of Pulse not to be able to put his trust upon the ability of the Ayurvedic physician regarding the internal condition of the Dosha, Dhatu, Mala of the patient, whose pulse he feels with the object of finding out the internal affairs and thereby establishing the correctness of the diagnosis of the disease.

Medical knowledge is connected more with art than science. The physician must essentially have a poetic mind and it is his imaginative faculty, his inner vision for grasping things at a distance, his intuition for knowing things unknown, that will enable him to arrive at a correct conclusion about an obstinate case.

Like a poet, a physician must have great powers of imagination. Now, is the poet vague and inaccurate? No, his is the most accurate and correct representation of any particular thing he places his

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mind upon. Similar is the case with a physician. He is accurate, systematic and correct; his is always a poetic mind with prosaic realities; and the truest and the most efficacious remedy that he suggests then and there is simply and purely by his power of imagination. This is what is called a diagnosis on the spot; and this is achieved by a physician having a poetic mind endowed with an inner vision and an imaginative intuition. It has been very beautifully said by the ancient authors of the Science of Pulse that the physician must possess the following faculties.

"स्थिरचित्तः प्रसन्नात्मा मनसा च विशारदः।
स्पृशेदङ्गुलिभिःनाड़ीं जानीयाद्दक्षिणेकरे॥

i.e. The physicion, who feels the pulse, must have a stable mind, a pecified heart and a very strong imagination, to be able to feel the pulse of the right hand with his fingers.

In fact, a true physician is imaginative and possesses much of the poet in his personality. He is not a simple poet but he is a poet of poets. Therefore, he is commonly known as a Kaviraja or a King of Poets. Why is a physician named a poet in the Indian Science of Medicine? Because, like a poet, he has to exercise his imaginative faculties in the highest degree in his everyday work.

A patient is lying on his bed. He is crying on account of the terrible pangs of the disease and the physician has come before him. If he tries to measure his symptoms and the pangs that he is suffering from, with his instrument and then tries to arrive at a conclusion, he cannot give immediate relief to his sufferings for which the physician has been called in. If he is not seized with imaginative faculties that is, if his imagination cannot supply him with a remedy suitable for that state of the patient then and there, he cannot treat that patient. That is why, it has been said in Charak Sanghita "ज्ञानबुद्धिप्रदीपेन यो नाविशति योगवित्। आतुरस्यान्तरात्मानं न स रोगांश्चिकित्सति।" that is, if the physician is not capable of entering into the soul of his patient by the light of his knowledge and intelligence, he is not able to treat his patient. It is by the light of his knowledge, intelligence and imaginative penetration that he will be able to ascertain the nature of the disease and the specific remedy that will be applicable at that particular moment.

Thus we see that a good physician possesses a poetic mind and also a very strong commonsense along with it. He also possesses a great originality which always supplies him with a new source of inspiration necessary for combating the unheard of and unthinkable symptoms that may come to the diseased person in the course of the progress of the disease.

Gangadhar's Commentary of the Nadivijyan of Kanad, Gautam and Ravana, gives expression to his possession of a poetic mind endowed with inner vision of a far-reaching significance. Besides, his possession of a good knowledge of the science of feeling the pulse, he had a very sound knowledge of astrology and astronomy. He wrote a book of the name of "Kalavijnan". He also wrote a com-

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mentary on "Muhurta Chintamoni" which is a famous book on Hindu Astronomy. Gangadhar was always conscious of the passing moments ; and immediately after rising from bed, even at the dead of night, he could definitely tell the exact time of his rising from the bed. He used to call the time by the name of Dandas, because during his time the prevalance of ascertaining time with reference to watches and clocks had not been current. He was always conscious of the auspicious and ominous moments for seeing and examining patients. Thus, whenever a patient used to come to him he could tell whether his disease would be cured or not. Very seldom he used to feel the pulse. He was capable of diagnosing the disease simply by looking at the patient, and he used to ask his disciples to note down his diagnosis and the final result of his treatment before actually prescribing medicines for his patient. Thus we see that he was a very great adept in the science of Prognosis, that is, he could ascertain beforehand whether the patient would be at all cured or not and a large number of anecodotes are current throughout the length and breadth of India about his ability in diagnosing diseases and of ascertaining their prognosis.

Some of these anecdotes are being described below :—

Once upon a time a man suffering from a chronic colic came to Sri Gangadhar Kaviraj for treatment. He looked at him for some time and then asked him to go to Banaras and spend the rest of his life in meditation of Lord Biswanath so that he might meet with salvation after death in the Holy City of Baranashi. His people had great faith in his assertions and the relatives of the patient took him to Baranashi from Murshidabad in a boat. While he was going to Baranashi his colic started giving him severe pain at the dead of night, when the boat cast anchor on the bank of the Ganges. It was a moonlit night and to his great amazement the patient, who was suffering from colic, saw that a very big cobra was drinking water which was deposited in the skull of a dead body lying on the bank of the Ganges. It was a date when the Moon was crossing the 15th star, Swati. The man could not bear the severe pain he was suffering from and thought that it was better to die by drinking the water which had been taken by the cobra as it was possible that it might have cast its poison after drinking water, because it is the practice with the cobras to give out poison immediately after taking something. So the patient in order to be relieved of the severe pain drank the remaining water which was left in the skull after the cobra had drunk out of it ; and to his utter surprise he found that instead of succumbing to the poison, his pain was gradually subsiding and he felt asleep. After 24 hours he rose up and to his great delight he felt that there was no trace of any trouble in his person. Moreover he felt very hungry and asked his men to prepare food for him. Since that date he began to gain in strength, and within a very short time he was restored

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to his former health. He lived in the Holy City of Banaras and was able to offer his offerings to Lord Biswanath, and he actually thought that it was by taking the Charanamrita of Lord Biswanath that he had been perfectly cured. He could not think of the poison, he took on the bank of the Ganges from a skull at the opportune moment, when the Moon was crossing the 15th star, Swati, could cure him of the fell disease he was suffering from. He lived at Banaras for a long time and felt a desire of coming to his native village, which was situated in the district of Murshidabad. He returned to Murshidabad after some time and he came to see Gangadhar Roy and told him that Kaviraji had told him that he would die of the fell disease; but instead of dying he had been restored to his former health and was at the time quite hale and hearty. Gangadhar asked his disciples to bring the Register in which he used to record his prescriptions and his verdict on the result of the treatment to be given to the patient and asked the man to read it out to him. To his great amazement, the man read it. It was written in Bengali characters "सरिषार क्षेते माथार खुलि; विष दइ तुइ कोथाय पेलि" meaning, how will you be able to get the skull of a dead body lying on the bank of the Ganges where mustard seeds are strewn for germination and in which a cobra had cast its poison? Speaking more explicity, it should be said that if you are able to drink cobra poison which has been cast by a thirsty cobra on a particular date in which the Moon will be crossing the 15th star, Swati, in a moonlit night you will be cured of the disease you are suffering from. But as it was not procurable, I asked you to go to Banaras and spend the rest of your life in meditation of Lord Biswanath, so that you might get your salvation after death in the Holy City of Banaras. Now, tell me if you have been able to take such a medicine, otherwise you could not have been cured of the disease you had been attacked with. His disciples also read it with amazement and they asked the person whether any such thing had occurred to him. Immediately, the man fell flat on the feet of Gangadhar, who was like Gangadhar (Siva) Himself, and described the story of his taking the cobra poison from the skull of a dead body, which was lying on the bank of the Ganges consisting of the mustard seed plants.

Another story recording his superhuman ability is current in Bengal. Once upon a time, while Gangadhar was sitting in his Gangadhar Niketan Dispensary, a bridegroom came to him with a very high temperature on. The father of the bridegroom became very anxious as the boy was attacked with a Sannipatic fever (Typhoid) while he was going in a palanquin to get himself married on the following night. Gangadhar asked his father not to give his son in marriage on that night because the boy was fated to die on that night out of the fever he has been attacked with. His father requested the Kaviraj to give him medicine so that he might recover from the fell disease and get married on the same day. But Gangadhar refused

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to give him any medicine and recorded his diagnosis and medicine in his famous prescription, book. The father of the bridegroom, however, took him to the bride's place. As it was lying at a distant village from Saidabad, the place of Gangadhar's residence, night came upon before they reached the bride's place and the bridegroom, who was suffering from Typhoid fever, felt very much thirsty and asked a palanquin-bearer for water. Just by the side of the place where the palanquin-bearers stopped there was a sugarcane field and the bridegroom asked the palanquin-bearers to bring a piece of sugarcane for him so that he might chew it up and quench his thirst by the sugar-cane juice. One of the palanquin-bearers went up to the place and brought a piece of sugar-cane, and the bridegroom chewed the whole of the sugarcane instantly, and to his great amazement he began to be relieved of the severe pain and the accompanying ailments of the terrible fever. He began to perspire and within a very short time his fever went off and he was absolutely relieved of his troubles. He reached the bride's house and married the girl. After marriage, he took a sufficient quantity of luchis (bread fried in clarified butter) along with sweets and felt very much refreshed. He was returning home next day along with the bride and passed by the dispensary of Kaviraj Gangadhar Roy, who was sitting in his dispensary with disciples at that time. As all the people had great respect and veneration for Gangadhar, the bridegroom's father, out of curiosity, went to Gangadhar again with his son, and bowed down to him and said that the marriage ceremony had passed off smoothly and his son's fever had gone off absolutely, and as his father expressed a great doubt about the foretelling of Kaviraj Gangadhar Roy who said that Gangadhar never told lies and he read out his prescription and his verdict on the diagnosis he made about the patient. To their great surprise, the disciples read that he had written that if that patient was capable of taking sugarcane juice in which cobra poison was mixed from the beginning, he would be cured. But as it was not procurable there he would have to die of this disease that very night. But if through the grace of God he could find out a sugarcane underneath which a cobra had been living since the beginning of the growth of the sugarcane, he might have a chance of being cured of the Typhoid fever with which he had been attacked. Gangadhar Roy asked the bridegroom's father whether during the course of the last night his son had been able to chew a sugarcane of the type or not. And he came to know to his infinite surprise that the bridegroom had actually chewed up a sugarcane, which was brought to him by a palanquin-bearer. Gangadhar Roy readily went to the place accompanied by his disciples and the father of the bridegroom to see whether the chewed portion of the sugarcane could be found on the place where they kept the palanquin. When they went to the place, they found that the chewed portions of the sugarcane were not in their original colour but in blue

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colour, as they contained the poison of the cobra, who was living underneath the sugarcane plants. Gangadhar then asked the palanquin-bearer, who broke the sugarcane, to take him to the sugarcane-field and exactly to the place from where the sugarcane had been taken. When they all went there, Gangadhar asked them to take out all the sugarcanes from the particular bunch from which the particular sugarcane was broken; and to their utter surprise they found that a very big black cobra was living underneath. When the father of the bridegroom saw it, he fell at the feet of Gangadhar Roy and became greatly astonished to see the supernatural powers that Kaviraj Gangadhar possessed.

Gangadhar's Jalpakalpataru Tika on Charak

It is this famous Tika that has immortalised the name of Gangadhar. It is said in the Shastras that

चलद्वित्तं चलच्चित्तं चलज्जीवनयौवनं।
चलाचलमिदं सर्व्वं कीर्त्तिर्यस्य स जीवति॥

i.e., our wealth goes away, mind goes away, life goes away, youth goes away, and everything goes away, excepting Kirti and selfless achievement. We have also seen that many Kirtis of the world have been destroyed due to the ravages of time, but the achievement which is couched in letters becomes permanent on the earth. Jalpakalpataru of Gangadhar is one of such achievements which have won a singular victory over the ravages of time. Vide "कीर्त्तिश्चारसम्बद्धा स्थिरा भवति भूतले". i.e. An achievement couched in printed letters becomes permanent on earth".

It is the biggest commentary ever written by any author of Ayurveda, consisting of about one lakh of lines in classical Sanskrit. There are two editions of Charaka-Samhita which are considered to be the most authentic representations of the original Charak-Samhita which has been handed down to posterity since the time of Agnivesh, the first writer of Ayurveda Samhita in the Rishiyuga of Ayurveda. One of the editions is the publication of the Nirnayasagar Press of Bombay and the other is the one which has been published by Gangadhar himself in his Saidabad Press. As regards the correctness of Charaka's text, Gangadhar's edition is still now considered to be the best authority on the subject. Explanations given by Gangadhar regarding points of controversy are accepted to be genuine by the modern researchers of Ayurveda.

Some critics find fault with Gangadhar's exuberance of philosophical discourses to hide his ignorance of the practical portions of the Sharirasthan of Charak. But this is not true. The philosophical explanations of the Sharirasthan is necessary for the proper understanding of the Hindu theory of the constitution of matter and of the creation of the world and the Jiba and the Prakriti.

The name Jalpakalpataru is significant in the sense that all shades of opinion given by all the different speakers and commentators of Charaka have been utilised by Gangadhar in his explanations of the slokas of Charaka Samhita.

The name Kalpataru is especially significant as it is like the veritable wish-fulfilling tree of heaven, which never refuses

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the beggar his wished-for objects. In the writings of the previous commentators of Charaka, they have copiously quoted from the writings of their predecessors by way of explaining the view-points of the original Charak Samhita, but Gangadhar has very seldom quoted the Purvacharyyas but has tried to give his own explanations from his own merit and philosophical comprehension of the subject-matter with their Shastric explanations. He is, therefore, an original thinker in his explanations of the most abstruse places of Charaka. Whereas Chakrapani quotes copiously from the writings of more than fifty-five commentators of Charaka, Gangadhar very seldom quotes from Shivadas, who was his immediate predecessor in the matter of writing commentaries of Charak. The name written by Chakrapani is significant of the fact that during his time the writings or the manuscripts of those authors were still available in the country and as such Chakrapani had the good fortune of being able to utilise them in the elucidation of his Ayurveda Dipika or he might have those view-points quoted by the different commentators of Charaka, Susruta, Vagbhata and Madhava. Even Shivadas quoted copiously from the commentators of Charaka, Susruta and Vagbhata in his Tattva Chandrika Commentary of Charaka Samhita. And Gangadhar, excepting a few occasions, has made no use of Shivadas's commentary, which was a production of the fifteenth-century Bengal, when Mohamedan culture was reigning supreme in Bengal. The comparative effulgence of Gangadhar's Jalpakalpataru over-shadowed the Commentary of Shivadas Sen which is rather more simple and free from the philosophical verbosities of the commentators of Charaka. Of the fifty-six commentators of Charaka, we have for our reference only the following seven commentaries :

(1) Charakanayas of Bhattara Harichandra in a mutilated form. (II) Nirantarapada-Vyakshya of Jejjata, (III) Ayurveda Dipika of Chakrapani, (iv) Tattva Chandrika of Shivadas Sen, (v) Jalpakalpataru of Gangadhar, (iv) Charakopaskar of Jogindranath, and the (vii) the mostly unpublished and partly published commentary of Jyotishchandra Saraswati.

(To be continued)

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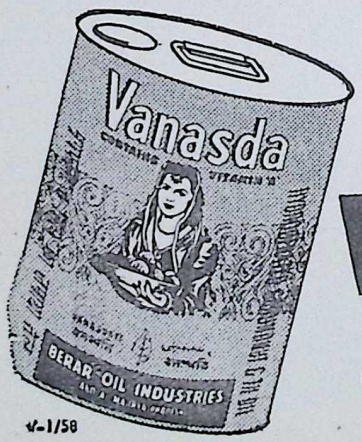

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THE MAN BEHIND "THE MANCHESTER GUARDIAN" ARTICLE ON AYURVEDA

L. K. Pandeya

Quite a sensation was caused in the Ayurvedic and Allopathic circles by an article on Ayurveda in a recent issue of the *Manchester Guardian,* an influennial British daily, respected all over the world for maintaining the highest traditions of journalism. It broke new ground when it published the said article, by Taya Zinkin, its official correspondent for India and Pakistan.

The article makes a very interesting reading (otherwise it would not have appeared in the *Guardian,*) but what can be read between the lines is even more interesting.

That a British paper should publish an article even mildly appreciative of Ayurveda, a science which the British rule in India tried its best to discourage and suppress, and that it should have been written by an Englishwoman who is an official representative of the paper are, in themselves, interesting facts.

Even more surprising is the fact that the article, published close upon the heels of a sharp controversy between two leading medical men in India, representing Ayurveda and Allopathy—Pandit Shiv Sharma and Dr. C. S. Patel, the President of the Indian Medical Council, favours Ayurveda and asserts that the Allopathic performance in the controversy has been rather discreditable.

Another significant characteristic of the article is that it is based *entirely* on Pandit Shiv Sharma's speeches and statements, although the author (or the editor) has gone a long way in holding back this fact by omitting his name and actually changing the text of the quotations used in the article.

But the most significant feature is the use of the term "Medicine men" in place of "Medical men" or "physicians" in designating the Ayurvedic physicians.

In view of the fact that the article takes a definite pro-Ayurvedic stand, the use of the term "medicine men" should signify no more than a clever attempt on the part of the writer (or the Editor, if he gave the heading) to catch the attention of the typical English reader who

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would probably skip over the article in the absence of an epithet possessing a "native" fascination for him.

The article, as it appeared in the *Manchester Guardian* of November 29, 1958, with its original titles, is reproduced below:

India's own brand of Medicine men Ayurveds fight back against the Allopaths—by Taya Zinkin.

The Indian Medical Council has asked the Government of India to recognise Allopathy only. The President of the Ayurvedic Congress *(There is a mistake here. Pandit Shiv Sharma is no longer the President of the Ayurvedic Congress but the writer has evidently in her hands a Presidential Address of Pandit Shiv Sharma, or has taken her cue fram the quotations, given further down, from the Journal of the American Medical Association, which quoted Pandit Shiv Sharma in January 1955, when he was actually the President)* has accused the medical profession of exploiting the ignorance of the common man to an extent which would make "even guinea-pigs blush". *(The full passage in Pandit Sharma's statement reads: "Educated lay men...being more gullible due to their exaggerated notions of being intellectually emancipated, fall an easy prey to to pseudo-scientific slogans and readily submit themselves to experimentation with half-understood drugs with a docility which would make even the guinea-pigs blush. —Times of India,* November 5, 1958, *Only Pandit Shiv Sharma could have written this language).*

Ayurveda is the indigenous Indian system of medicine. It is considered by most allopaths as the next thing after black magic or voodoo because its dosage is not scientific and it does not deal with chemically pure compounds but with ad-hoc mixtures. The controversy does little credit to Allopathy. There is a place for Ayurveda in modern pharmacology. This was admitted in the January, 1955 issue of the "Journal of the American Medical Association", where it was stated:

"When an exotic remedy like Rauwolfia finds its way into American therapeutics, it it seems that older cultures may really know what they are about. What other treasures lie hidden in Ayurveda? According to it microbes are not so much a cause of disease as a result of it, for if resistance were normal they could not produce infection. Ayurvedic physicians complain that Allopathy sometimes loses sight of the patient while concentrating on the disease while their concern is to treat the patient.[1]

One of the difficulties of exchanging knowledge between the two systems is

1. The actual passage in the Journal of American Medical Association is as follows :—

"When an exotic remedy like Rauwolfia finds its way into American therapeutics, amongst a hundred thousand complex organic chemicals of Western Sciences, it seems to show that older cultures may really know what they are about. What do they do in India? What other treasures lie hidden in the practice of Ayurveda...?

"According to it ... microbes are not so much a cause of disease as a result of it, for if resistance were normal they could not produce infection.

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that Ayurveda uses Sanskrit terminology, and that until recently many of its practitioners were not educated in English, while most Western doctors who came to India were too contemptuous of their indigenous competitors to try to find out what they had to contribute. Now that many Ayurveds are not only educated in English but also take doctorates of medicine, there is bound to be a change. Indeed there are some enlightened doctors in India who prescribe Ayurvedic drugs for certain ailments.

The President of the Ayurvedic Congress *(This entire article appears to have been inspired by his statement which appeared in the Times of India, the Indian Express and other Indian dailies of Nov. 5, 1958, which carry the statement in detail)* points out that Allopaths cannot castigate Ayurveds for their empiricism since they themselves use drugs whose side-effects they ignore and which have proved, as in the case of antibiotics, cartesone, and transquilisers, to be on occasions extremely harmful to the patient. At least no Ayurvedic treatment has ever given harmful side-effects, for each drug is administered with its own antidote.[2]

Where Western medicine treats patients with metals which are sometimes as destructive of the tissues as the germs they are supposed to destroy, Ayurveda has found a method of administering the same metals in the shape of catalysts which do not get absorbed by the human body while destroying the same germs. Conversely, there are Ayurvedic methods of making the body retain iron in the treatment of anaemia which are not known to Western medicine.

Ayurvedic treatment is particularly effective in cases of chronic infections, sinus trouble, nephritis, cardiovascular ailments, liver deficiencies, dysentery, and non-specific allergies. Quinine, hematine, reserpine are Ayurvedic discoveries. There is also a herbal treatment of diabetes which has yet to be discovered by the West.

What is less well known, however, is that the salt-free diet for nephritis was evolved in India long before it was formulated in Europe and that Bhav Mishra of Kashi, who prescribed mercury compounds in the sixteenth century for the treatment of syphilis, was soon followed by another great ayurveda, Trimalla Bhatta, with arsenic therapy.

We are grateful to Pandit Shiv Sharma for the unique service he has rendered in building up the dignity and prestige of Ayurveda in the world. We can unhesitatingly say that his contribution to Ayurveda has become an international subject and an object of admiration not only within the frontiers of India but even far beyond them.

2. "Hence the Ayurvedic physician scorns the near-sighted tendency to find a name for every disease; his concern is to treat the patient, for as Pandit Shiv Sharma, President of the All India Ayurvedic Congress, complained, "Allopathy sometimes loses sight of the patient while concentrating on the disease". Pfizer Spectrum—*Journal of the American Medical Association, Jan. 22, 1955, page 23.*).

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AYURVEDIC HINTS FOR LOSING AND GAINING WEIGHT

Capt. R. K. Garde, Late I.M.S.

AYURVEDA—as the very name implies—is not a mere medical science dealing with drugs and diseases, but it is a positive discourse on conduct of healthy and wholesome life, relying more on prevention than cure. "स्वस्थस्य स्वास्थ्यरक्षणम् व्याधीनां च परिमोक्षः" is the very badge of our Ayurvedic tribe. This ancient philosophy of life approaches and views it in a very practical and matter-of-fact way. Various factors like the environs in which we live, metamorphosis from childhood to senility, the ever-changing but cyclic seasons (ऋतुचक्र), varieties and differences in diets have all been taken into due consideration by this "Science of life", so that Humanity as a whole may lead a long, healthy and useful life.

To-day let us consider what Ayurveda has to say for the benefit of our brethren who are either too fat or too lean. Really speaking as a result of foreign rule for over a century and a half the problem of thinness due to poverty etc. seems to be more urgent. So, let us first turn to it.

From amongst the three well known Ayurvedic diathesis (constitutions) of वात—पित्त—कफ, the वातप्रकृति as a class is notorious for thinness while the कफ प्रकृति (also as a class) is notorious for fatty and flabby tendencies. In spite of that, both these classes as well as others who desire, can benefit from the Ayurvedic Hints given below :

For Gaining Weight

1. Eat something with morning tea or coffee—say bread, biscuits or a plantain. Drinking milk with or without Cocoa is better by far. A small chapati or puri may as well do. The point is *not* to drink plain tea or coffee. Something tangible *must* be eaten along with it. Of course what, how much, is to be eaten depends upon the appetite, age, season and similar factors.

2. Drink water at the *end* of the meal, *never* at the beginning or even during the meal as water tends to deaden the appetite by cooling the "जठराग्नि". In modern parlance it may be construed as dilution of the digestive enzymes and secretions.

3. Take sufficient rest though minimal and regular exercise is essential for main-

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tenance of health. Swimming, walking, etc. are useful for this as they do not draw too much on the reserve energy.

4. *Dos and Don'ts :* Sweetmeats, milk, ghee (not Dalda), sugar, rice, wheat, pulses (especially उड़द and अरहर), eggs and meat—not lean meat, tuberous roots like potatoes, sweet potatoes, sago grains, fleshy fruits like plantains, chickoo, pears, cheese and butter, dry fruits like almonds, pista, etc.—all these and like substances help one to put on weight. Besides, use of lemon, ginger, coriander (धनियाँ, पुदीना), in the form of Chutneys and masala help not only in making the food tasty but act as appetisers and digestives. Leafy vegetables with Sourish taste (अम्लरसात्मक) fall under the same category and help likewise.

Sleep during day and avoid keeping late hours at night "(रात्रौ जागरणं रूक्षं स्निग्धं प्रस्वपनं दिवा)". Take an oil bath (अभ्यंग) at least once in a week. Avoid fasting, heavy exercise and dry, stale and fried eatables like Chiwda and Bhajiya.

Nor is this all—unless a carefree and happy-go-lucky frame of mind is cultivated, one cannot put on flesh in spite of best efforts on the above lines. Smile away your worries and cares if you wish to gain weight. "श्रीमान् वाग्भटाचार्य" has put it in a nutshell as shown in the following Sutras :

"अचिन्तया हर्षणेन ध्रुवं संतर्पणेन च
स्वप्नप्रसङ्गाच्च कृशो वराह इव पुष्यति ॥"

In short, it is evident that income must exceed expenditure in order to effect a substantial saving and increase in the bank balance. Plenty of rest, restful sleep, good food with preponderance of स्वादु, अम्ल, लवण रस (sweet, sour, salty) in daily diet etc. will augment the income, while limiting activities like exercise etc. as also minimising the in-take of कटु, तिक्त, कषाय रस—(pungent bitter, astringent) in diet will definitely lessen the expenditure, so that, a positive nett gain is always assured. But forget not, dear readers, the happy mental attitude which is the very pivot of this ancient scheme—a Royal Road to Rotundity.

Now, let us turn to our so-called more fortunate brothers, who are burdened and bulged with over-weight. A rational approach on the following lines is sure to solve their knotty and fatty problem.

1. Take every morning honey mixed with cool (not cold) water in the ratio of 1 : 6. Start with one teaspoonful of honey mixed with six times water. A graded and gradual increase (say weekly) by one teaspoonful of honey mixed with six times water as directed. Honey is the best कफशमक, one of the triad of the Tridosh antidotes. वाग्भटाचार्य has grouped it as परमौषधम्.

2. Drink water at the beginning of the meal mainly—its rationale has been already explained above.

3. Have plenty of exercise. Don't spare yourself. A brisk walk, fast swimming (don't dilly-dally, buffelow-wise, in water that will augment your malady namely the fatty tendency) are very useful and practical. It must be done regularly and religiously. Diet must also be strictly limited in addition to regular exercise.

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4. *Dos & Don'ts :* Exclude from your diet the things mentioned above as suitable for the thin and the skinny. Instead take Bajra or Jawar Roti, curds and butter—milk, butter (no ghee) toned milk, green leafy vegetables. Include in your dietary, honey, amla, black pepper. Avoid sleeping during daytime and restrict the nocturnal slumber to seven hours, if not less. Do not be ever laughing and cheerful. Take life a bit seriously and worry about the handicap of your extra pounds of fat. श्रीमन् वाग्भटाचार्य has mentioned रतिप्रीतिः प्रजानरः निस्सुखत्वं सुखाय च as defattening factors.

In short, plenty of exercise, restricted sleep and diet, caring for the worries and earnest desire to reduce and sincere adherence to the suggestions above—can only make a man lean and fit. Many a modern reader may wonder that the scheme outlined so far does not even touch the fringe of modern calories-vitamin cum fat-protein aspect of the ultra-modern allopathic outlook and hence are likely to treat it with little respect, if not contempt. But this ancient approach appears to be basic and at the same time rational and practical. The proof of the pudding lies in eating. So better try and be yourself convinced. I can boldly say that you will not be sorry for it.

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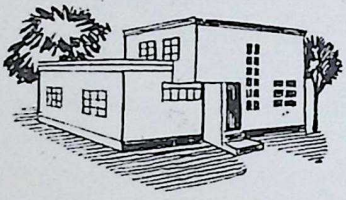

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PROBLEMS OF AYURVEDIC EDUCATION & PRACTICE IN ANCIENT & MODERN SOVEREIGN REPUBLIC OF INDIA — VI

Rajvaidya Pranacharyya Kaviraj Dr. Prabhakar Chatterjee, M.A., D.Sc., Ayurveda Brihaspati

Causes of Frictions between the Rasavaidya Sampradaya or the school of metallic physicians and the Atreya Sampradaya or the school of physicians.

(1) The Siddha Jogas prepared by the Rasavaidyas out of metallic ingredients were capable of producing quick results and as such the public in general spoke highly of them and took to them in large numbers. This served to raise a feeling of animosity in the minds of the Kayachikitsakas who were mainly depending upon the herbal medicines.

(2) The following theory propounded by the followers of the school of Rasavaidyas produced a revolutionary feeling in the minds of the physicians of the Atreya Sampradaya namely,

"न रोगाणां न दोषाणां न पुंसाञ्च परीक्षणम् ।
न देशस्य न कालस्य कार्य्यं रसचिकित्सिते ॥

i.e., while treating patients according to the principles of Rasachikitsa—the physician need not make any consideration of the disease, the doshas producing the disease, the persons suffering from the attacks of the disease and of the time and country of the persons taking the treatment.

(3) Another epoch-making statement made by the Rasachikitsakas namely,

"असाध्येष्वपि योदातव्यः रसोऽतः श्रेष्ठ उच्यते ।"

The seers have prescribed medicines in cases of curable diseases. But medicines prepared from the mercurial ingredients should be applied even in incurable cases.

(4) Another announcement of similar character militated against the settled convictions of the Atreya Sampradaya namely—

"मर्त्यो यावच्छ्वसिति यावदभेषजमत्ति च ।
तावच्चिकित्सा कर्त्तव्या कालस्य कुटिला गतिः ॥"

i.e. "So long as the patient breathes and is capable of taking medicines, he should be treated. Because the movement of the time is crooked."

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The above mentioned theories of practice militated against the cherished ideas of the Atreya Sampradaya who strictly avoided all contacts with the Rasavaidyas and kept themselves aloof from all connection with the medicines discovered by them till the eleventh century i.e. up to the time of the great Chakrapani who had the courage to openly incorporate within his book the Chikitsasara Sangraha, the Rasaparpati and Tamra Prayoga, only two of the so many famous medicines in the Amlapitta and Grahani Rogadhikaras of his book and this helped to lift up the time-honoured ban put upon them by the unscientific and uncatholic attitude of their comrades or the Vaidyas of the Atreya Sampradaya who knew in their heart of hearts of the superior efficacies of the metallic ingredients and made enough money by secretly making copious use of them like the modern Vaidyas of the integrated system making greater uses of the anti-biotics both separately and in *combinations* with Ayurvedic ingredients. It is a matter of great astonishment to us all that none of the redactors of Charak and Susruta had the courage to incorporate within the volume of Charak and Susruta some Jougic medicines or medicines prepared out of the different combinations of metallic ingredients.

Kayachikitsa in the Age of Goutam Buddha.

The Golden Age of Ayurvedic Treatment is the age of Goutam Buddha, he stands as a milestone in the history of Ayurvedic practice and education and during his time, he spread his gospel of Ahimsa which brought about revolutionary changes in the philosophical, moral, ethical and religious fields of the Indian people. And in this age, there were very many epoch-making changes in the field of Ayurvedic practice also.

In the Vedic ages we know about the influence of the system of treatment introduced by Bharadwaja, Punarvashu and his six disciples and also of Dhanwantari and his twelve disciples, namely (1) Susruta, (2) Oupadhenaba, (3) Baitarana, (4) Ourabhra, (5) Pouskalavata, (6) Karaviryya, (7) Gopura-Rakshita, (8) Nimi, (9) Kankayana, (10) Garga, (11) Galabya and (12) Bhoja.

Although their principal occupation was surgery, they had immense knowledge of Kayachikitsa or treatment of diseases by the application of medicines specially in such diseases as piles, fistula, and various kinds of wounds, boils, ulcers which can be treated by the application of both internal and external medicines. Besides, there were Salakis or specialists in the treatment of diseases pertaining to ear, nose, throat and eyes according to the principles of both the schools of physicians and surgeons.

The Pancha Karmic theory (पञ्चकर्म्मविद्या) was a course of treatment by causing vomiting (वमन) for alleviating Kafa and thereby removing the twenty different kinds of diseases brought about by its influence, causing purgation (विरेचन) for removing the evil effects of Pitta and thereby removing the forty different kinds of diseases brought about by its influence" applying Douche (वस्ति) or anema through the rectum and ure-

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thra (निरूह अनुवासन) for eighty different kinds of diseases caused by the influences of the deranged Vayu (Wind), applying snehan or oily substances for removing senility and various diseases caused by the derangement of Vayu (Wind) applying swedan or hot fomentation for removing complaints of both Vata and Kafa, and applying Naswan (नस्य) or the taking of snuff for removing diseases affecting brain, head, ear, nose and throat.

The sage Agastya attended the international medical conferences of the sages and listened to the discourses given by Bharadwaja. And the Panchakarmik theory of medical treatment appealed to him specially, and he took it with him to Southern India where this system of Kayachikitsa still prevails in full force among the Nambudri Brahmans of Southern India. And in no other parts of India, we meet with the prevalence of the system of Pancha Karma Chikitsa of which Basti is the most important of all, as it has been described by Vagbhat to be the half of all methods of Kayachikitsa so far thought of and applied by physicians of the different systems of treatments of Ayurvedic origin prevailing in India.

The Pancha Karmik theory of original Ayurvedic treatment belonging specially to the Atreya Sampradaya is a wonderful creation of the Ayurvedic art of healing. Until lately it was in existence in Bengal and practised largely by Kaviraj Kedar Nath of North Calcutta with very great success. His disciple Kaviraj Surendra Nath has written a book namely, Pancha Karma Chikitsa Paddhati dealing in detail about the cases cured by his preceptor Kedarnath. This book is the last vestige of Panchakarma Chikitsa which prevailed in all parts of India in full swing before the advent of Nagarjun with his band of eightyfour Rasasiddhas in the field of Ayurveda. These Siddhavaidyas were famous for the discovery of incinerated mercury, orpiment, iron, gold, silver, zinc, copper, bell metal, brass pyrites and lead and the medical use of natural sulphur, bitumen, cinnabar, pearl, corals, conch shell, kari, Nabhi Shankha, Manahshila and above all the preparation of Rasa-sindur, Swarnasindur, Makaradhwaja and various other preparations with the help of Makaradhwaja, Rasasindur and Swarnasindur, Baddha and Murchhita Parada—and the various preparations with the addition of Harital Bhasma, Shishak Bhasma, Banga Bhasma, defied the system of treatment hitherto followed by the physicians attached to the Atreya Sampradaya. The quick and astonishing results obtained by the above mentioned medical ingredients and by the application of such excellent medicines as (1) Brihat Kasturi Bhairab Rasa (2) Brihat Suchikabharam Rasa (3) Meghabinode Rasa (4) Tridoshahanihar Surja Rasa (5) Tridosha Dabanalakalamagha Rasa (6) Soubhagyabati (7) Mrityunjoy Rasa in Typhoid fevers, (8) Joymangal Rasa (9) Bisam Jwarantak Rasa (10) Putapaka Visham Jwarantak Louha (11) Bisamjwarantak Louha (12) Chandanadi Louha (13) Panchamrita Louha in Bisama Jwara or old chronic fevers, (14) Trailakya Chinta-

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mani (15) Jwara Churamani (16) Swarbajwarahara Louha (17) Brihat Jawara Chintamani in all fevers (18) Kanakasundar Rasa (19) Pijusballi Rasa in Diarrhoea (20) Rasa Parpati (21) Swarna Parpati (22) Tamra Parpati (23) Louha Parpati (24) Bijoy Parpati in Gastro Deodenal ulcer, (25) Lokenath Rasa in Liver and Spleen (26) Sudhanidhi Rasa in Hemoptysis (27) Kachanabhra Rasa (28) Sarbota-Bhadra-Rasa (29) Ratna Garbha Pottali Rasa (30) Mriganka Rasa (31) Banspatra Haritala Bhasma in Rajajakshma (32) Basantatilak Rasa (33) Krishna Chaturmukh (34) Chintatamani Chaturmukh (35) Brihat Batchintamani (36) Jogendra Rasa (37) Rasaraj Rasa (38) Mahaluxmibilash Rasa (39) Shitrari Rasa in Vyatavyadhi (40) Manikya Rasa and Rasa Manikya in leprosy (41) Somnath Rasa (42) Basanta Kusumakara Rasa (43) Hemnath Rasa (44) Brihat Bangeswar Rasa (45) Chandraprava in Prameha (47) Purna Chandra Rasa (48) Makaradhwaja Rasa (49) Brihat Chandrodaya Makaradhwaja (50) Nagarjunabhra (51) Sankarbati in heart diseases etc. brought about a new revolution in the world of Ayurvedic treatment.

The old methods of the Atreya Sampradaya received a rude shock. The physicians began to prescribe Rasousadhis or medicines made of mercury and sulphur and other metallic ingredients from the first date of the attack of diseases. And the success of the Rasasiddhas in the matter of curing the so-called incurable cases became a source of headache to the Kayachikitsakas who were entertaining a feeling of hatred against the Rasa Vaidyas and the quarrel between the two systems continued till the end of the 11th century when Chakrapani recognised the supremacy of the Rasavaidyas by incorporating some important medicines of Rasachikitsa in his compilation of Chakra Datta.

Although physicians of the school of Punarvashu began to copiously use the medicines of the Rasasiddhas in the treatment of diseases, they did it secretly in Bengal, where the physicians of the school of Punarvashu held their sway even as late as the nineteenth century. But after the writing of Sarngadhar Samhita, Bhabaprakash and Rasendra-Sar-Sangraha, Rasa Ratnakar, Rasendra Chintamani, the position of the Rasavaidyas became firmly established in Bengal and also in the other states of India.

Why is the age of Buddha, Called the golden age of Ayurveda ?

Because in this age, we find the renaissance of (1) Rasavidya (2) The culture of the Science of pulse, based on the Tridosha theory of Ayurveda (3) Redaction of Susruta by Nagarjun and (4) that of Charaka by Dridhavala.

Except surgery, the culture of which received a great setback in this age, all the other branches of Astanga Ayurveda were highly cultivated. More than one hundred books were written on Hindu Chemistry i.e. Rasachikitsa by the disciples of Nagarjun, who was the de facto ruler of the whole age and was the pioneer worker to usher in the new age of modern chemistry, as he handled almost all the branches of

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modern science a detailed discussion of which is beyond the jurisdiction of this article.

Why Rasachikitsa was able to usurp the field of the Atreya Sampradaya ?

(1) Because it relaxed many of the stringent rules and regulations imposed upon the patients by the physicians of the Atreya Sampradaya in cases of new fevers and other diseases.

(2) Because of its quick results.

(3) Because of the less botheration of anupanams or accompaniments.

(4) Its doses are very small.

(5) It does not produce any loathness if taken for a long time.

(6) Very large quantities of these medicines can be kept in a very small place. Medicines worth one lac of rupees can be carried on by a man in his handbag.

(7) Unused medicines do not get spoiled—the older the medicines, the greater the efficacy.

(8) If the metallic medicines are once prepared with a little trouble, the physician need not prepare it for a long time.

(9) It can be carried easily from one place to another.

(10) It can be applied even in so-called incurable cases with great success "असाध्येष्वपि दातव्यो रसोत्तमः श्रेष्ठ उच्यते ।"

(11) It has saved many lives declared incurable by many physicians belonging to the school of Punarvashu.

The above mentioned causes accounted for the comparative popularity of the Rasavaidyas of the school of Nagarjun, who carried on increased research activities in the domain of mercury and sulphur for curing even the surgical cases by means of medicines prepared from pure natural sulphur and Hingul in the mines of the Pakistan-occupied Kashmir.

Scarcity of pure sulphur (गन्धक) and cinnabar in present India is causing havoc in the field of Rasachikitsa.

Since the beginning of the second world war pure sulphur or Amlasar Gandhak which is largely used by the Kavirajas for deriving best results from the use of mercury, has gone out of the market due to heavy requisition of natural sulphur for the preparation of gun-powder necessary for making ammunition for the artillery. And when the war was over, the province of Darada belonging to Kashmir proper came under the occupation of the Pak Govt. the mines of sulphur and Hingula or Cinnabar which were capable of meeting the medical needs of India were lost. And as such pure sulphur is not available in India nowadays. The sulphur of the name of Amlasar which is being sold in the market of the present time all over India is not natural sulphur but an artificial production of the modern chemists who are catering to depraved tastes of the manufacturers of Ayurvedic medicines at a much lower cost and thereby causing immense loss and damage to the health of the Indian people. After the great second world war was over, two mines of natural sulphur were found in the territories of Kashmir occupied by the Republic of India. Ayurveda ccould derive maximum advantage from them. The biggest manufacturers of Ayurvedic medi-

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cines are not probably conscious of the evil effects or the inability of producing the desired effects of the artificially manufactured sulphur. According to the principles of Hindu chemistry artificial Gandhak or sulphur is not capable of producing the same kind of swooning (मूर्च्छन) of mercury as natural sulphur is capable. And every Hindu chemist knows that without proper murchhan or swooning, mercury is not capable of producing the desired result. For example, Rasa Parpati made of artificial sulphur is not capable of arresting Sangrahani in course of three weeks which Rasaparpati made of Khanija Gandhak or natural sulphur is capable of doing within one week only.

Such is also the case with Hingul or Singrof or Cinnabar which is sold in the market in its artificial form as there is absolutely no means of getting natural cinnabar in the market. Artificial cinnabar is made of natural mercury and impure artificial sulphur in the process of upward sublimation and is sold in the market as pure and natural cinnabar which the lay public and even the practising Kaviraj buy for preparing Hingulotthaparda, which is required for preparing certain special medicines of superior efficacy.

If Government grant import licences to the dealers in sulphur for importing natural sulphur from Italy and pure mercury and cinnabar from Spain, where there are many mines of the said articles which have become obsolete in India due to partition, it will tremendously help the cause of Ayurveda.

A feeling of rivalry between the caste Vaidyas who were followers of Punarvashu and the Rasasiddhas who were Brahmans and followers of Maheswara, the most prominent advocate of Rasavidya, came into existence in the province of Bengal ever since the annoucement of the Rasavaidyas of their cardinal principle. This principle was based not so much upon the consideration of the Dosha-dusya-mala principles of the physicians of the school of Punarvashu but more upon the considerations of the intrinsic worth or Prabhaba of the Joga or prescriptions or medicines prepared by the Siddhas according to the Trantric methods or the short-cut methods adopted by the Rasasiddhas or Brahman Jogis who attained special proficiency in the fleld of Hindu chemistry as a result of their making special researches in the domain of mercury and thus opening a new chapter in the history of the development of the chemical knowledge of the world ushering in the considerations of the new theories of the Nuclear physics and consequently of the Raseswar Darshan of the Hindu philosophy which explained the atomic considerations of the constitution of matter and the creation of the universe.

The Siddhas of the school of Nagarjun were highly cultured people possessing adequate knowledge of the 18 different branches of Sanskrit learning along with a premonition of the modern advanced theories of physics, chemistry, biology, botany and mathematics besides their specialised knowledge in the department of the Patanjal Darsan and Raseswar Darshan, making

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the body adequately strong and sufficiently long-lived for the realisation of the knowledge of self or Paramatman or Moksha-Parinirvan or Sajuyya Mukti according to the dictates of the principles of the Vedanta philosophy of the Aryans in the age of the Upanishads.

The truth propounded by the Rasa-siddhas was finally established and accepted by the inclusion of Raseswar Darshan in the Sarvadarshana Sangraha of Madhavacharyya, where he has given a short description of the philosophy of the Rasasiddhas and was ultimately capable of driving Buddhism from the land of its birth and re-establishing the Sanatan Hinduism on the Aryyavarta. The want of space at our disposal does not permit us to go into detail about the history of the methods adopted by the Siddhas or the Brahmin Jogis who used to roam from one place to another while curing so-called incurable cases of Asthma, Diabetes, Sterility, Heart Diseases and many other chronic diseases of the people of the Buddhistic India by the application of the chemotherapic medicines of the Siddha system namely (1) Parada Bhasma (2) Harital Bhasma (3) Banga Bhasma (4) Silver Bhasma (5) Gold Bhasma (6) Copper Bhasma (7) Lead Bhasma and many other efficacious metallic preparations which they could easily carry with them in their Jhuli or the begging bowel which the Siddhas used to carry on their shoulders. The Siddhas travelling across the country used to demonstrate wonderful cures in course of their itinerary and thereby were able to convert followers of Buddhists from Buddhism into Hinduism with the help of the cult of image worship such as the images of goddess Kali, Shiva, Ganesh, Durga, Krishna, Narayan etc. and the big temples of many of them which are to be seen throughout the length and breadth of India were established by the people of India through influences exerted by the Rasasiddhas of the school of Nagarjun.

Thus we see that the Siddhas have played a very great part in establishing the glory that Ayurved attained in those bygone days of the age of Goutam Buddha. And this glory of the Hindu Chemistry in the field of Ayurvedic treatment was maintained right up to the end of the Hindu Dynasties of India. But gradually it dwindled down to insignificance during the Mahammedan occupation of India in which the Unani system of treatment prevailed and received impetus from the hands of the then government. Although there is not very much difference between the two systems of treatment, and although the system of Unani is an offspring of the Science of Ayurveda as is proved by the translation of the whole of Brihat Traiyee and Laghu Traiyee by the Badshah or Kings of Bagdad, the practice of Ayurvedic medicines did not receive any appreciable impetus from its contact with the Unani system of treatment with the exception of addition of a few medicinal ingredients available in Afghanistan, Arabia and Persia. And the whole period of Mahammedan occupation of India is thus known as the dark age of Ayurvedic history in which the practice of the Ayurvedic system of

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medicines gradually lost its hold upon the people because of the imperial preference given to Unani, the medical science of the Mahammedans.

With the exception of a few compiler-physicians of merit namely (1) Govinda Das, Bhavmisra and Gapal Krishna Bhattacharyya—the respective compilers of Bhaisajjya Ratnavali, Bhavaprakash and Rasendrasara Sangraha, no writer of any orginal work came into existence as there was no peace and sense of security in the country which is the essential prerequisite for giving expression to the creative ability of the people concerned.

During the Mahammedan rule the Vaidyas of India were anyhow dragging on their doleful existence in the face of the opposition offered by the Hakims or the Unani Vaidyas. But the fact that the Mahammedan rulers of India did not try to destroy the Science of Ayurveda and abolish its study and culture from the land of its birth, is a very great compliment to them. Ayurveda's connection with Afghanistan, Arabia and Persia has a great history behind it, which will be dealt with in a separate article in future. The whole western world has been benefited by medical science of India through the medium of the Mahammedan Badshaha's of Bagdad, Cowva and Alexandria. Many medicinal ingredients have come into the materia medica of Ayurveda as a result of its connection with Unani. The Unani physicians made some researches in the field of Bajikaran and Rasayan. And there are a few good prescriptions of Halua like Ayurvedic Modak and Salsa and Arista and Ashabas which are used by the Ayurvedic physicians with success. Unani physicians do not use the Bhasmas of Dhatus and gems but prefer using the Pistis or fine powders of the Dhatus and gems. Hajurl Jahud Ki Pathar Zunduway dastur, Joharmohara, Goekam, Sachifaraj, Salem Misri, Birbahuti, Abreysan Khorashani Jauani Perisian Jauani, Namak Sulemani, Musabbar and a few others are current in Ayurvedic practice of medicine.

During the seven hundred years of Mahammedan rule, the Indian rulers did not extend the same kind of patronage to the physicians of Ayurveda as Mansur and Harun did in the 8th century by translating Charak, Susruta, Vagbhata and Nidan Pancha Tantra, Hitopodesh, Brahma Siddhanta in Arabic.

It was during the dark age of the practice of Ayurvedic medicine, that the Europeans entered India either as sea pirates or as merchants in search of fortune. The fabulous wealth of the Badshahs of the Mughal Empire attracted the attention of the Portuguse, the Danish, the Spanish the French and the English seafarers.

All the above mentioned nations of Europe established their settlements in various parts of India but none succeeded in establishing an empire excepting the English, who were fortunate to get the co-operation of some interested persons and traitors and succeeded in establishing the Indian Empire ousting the other contending nations of Europe having the same idea of colonialism taking advantage of the internacine quarrels of the eastern people.

(To be continued)

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SLAVERY IN INDIA AND ITS BEARING ON AYURVEDA

Sri Amal Kumar Chattopadhyay, B.A. (Cal.), Department of History, Jadavpur University, Cal.

Perhaps man is the most cruel of all animals in the world, because he has devised different measures, from the early dawn of civilization to fulfil his eternal lust for supremacy over the world including all the creatures. Man did not only exploit nature and its abundant resources for his own interest, but also exploited other creatures. The idea which has exerted single greatest influence upon man in all times and for all ages is the policy that might is the best right. And man has always followed this principle very sincerely, and did never hesitate to introduce slave system as an important institution in the social and economic life in ancient times.

It is generally agreed that usually the origin of slavery was connected with war-like operations by a tribe and with the subjugation of a conquered tribe. The institution is of incalculable antiquity and appears in the code of Hamurabi. It was already established in the Sumarian culture of the Babylonian area in the 4th millenium B.C. as a recognised institution. In Egypt under the Pharaos, the system certainly existed from the earliest dynastic period, the number of slaves probably increasing during the period of empire (circa 1600—1000 B.C.). It existed as a constant factor in the social and economic life of the Near East and Europe. So also, from the earliest times, slavery existed in India.

In India, as elsewhere, slavery originated from the earliest laws of wars. With the advance of time and the crystallization of social institutions, slavery became more and more institutionalised, and its forms and varieties increased. The Arthasastra classifies the five kinds of slaves as : (i) Dvajahrita (captured in battle), (ii) Atmavikroyin (who sells himself), (iii) Udaradasha or Garvadasha (one who is born to a Dashi from slave), (iv) Ahitaka

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(one enslaved for a debt or pledged) (v) Danda Pranita (one enslaved for a fine or court's decree).

But Manu speaks of seven kinds of slaves, viz, (1) captured in battle (2) one who becomes so for food (i.e., in scarcity or in a famine,) (3) one born in the house (i.e., of a female slave), (4) one bought, (5) one given, (6) one inherited (as a part of the patrimony), (7) one who becomes so for paying off a fine or judicial decree. As time went on its form and nature varied greatly, Narada among all the Smritikaras describes the most elaborate treatment of slavery. He mentions fifteen kinds of slavery.

In ancient India, as elsewhere, the captives (dvajahrita) of war were the slaves of the captor; and they were probably released from bondage after paying due ransom. Those slaves who survived their master, did not recover their freedom but were handed down to the legitimate heir along with other properties of the master.

The child born of a female slave in the house of a master, became a slave to the same master. He was described as Grihaja or Udaradasha in Narada and Manu. As in ancient Greece and Rome, slaves could be purchased in Indian slave markets (krita) for money. Narada also recognises slavery by gift. There are very few references to this kind of slave in our literatures and law books, but in Muslim and British periods the king and Indian princes used to give female slaves as a part of their daughters' dowries.

Narada holds that the rightful owner of the slaves could pledge or mortgage their possession, and this state of mortgage continued till the debt was cleared.

According to Narada a men leaving a religious order is sentenced to slavery by the king, and such an apostate is never to be emancipated. This system was also in vogue in ancient Rome, where christians were sentenced to slavery and sometimes thrown before the hungry lions or other beasts of prey. In India, of course, this threat was obviously an attempt to hold men to their proper order.

Narada also describes some other kinds of slaves. According to him a debtor, or one who accepted slavery for his maintenance, was at once released from slavery on payment of the debt with interest and giving up the claim to subsistence. Lastly, Narada suggests three other modes of slavery: (1) One enslaved on account of his connection with a female slave, who becomes a slave of the owner of the female slave, (2) One enslaved for a stipulated period, and (3) "won through wager" is another specimen which reminds us of Droupadi in the notorious dice contest in the Mahabharata.

In Mrichchakatika—a famous drama, we get references of self-sold slaves. In that drama, a defeated gambler wished to sell himself for ten Suvarnas, in order to escape the persecution of his creditor.

Usually the slaves were inherited by the heirs of their rightful masters. After the death of a father who had many slaves, his sons inherited them along with other movable and immovable properties. I

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there is a partition the sons divided the slaves equally. But a single male or female slave would be successively set to work at the house of each in turn, the period of the slave's staying at any one house being fixed according to its owners' shares of the inheritance. In earlier periods, it was the usual practice to use the slave gangs on a large scale in agricultural production and in racing. The slaves also executed the most difficult and tiresome works in all countries of antiquity. In Egypt, it was the slaves that built up the pyramids. Slavery was the very basis of the foundation of Greek culture and civilization. But in Gupta period, we generally find them as domestic servants or personal attendants. According to Narada, impure domestic works were done exclusively by the slaves.

The most evil feature of slavery was the use of female slaves as prostitutes or concubines. Very often the female slaves were kept for sexual enjoyment ; sometimes they were let out for this purpose to others ; their offsprings generally being accepted as interest. This was quite common in ancient Greece and Rome. In India a man could not forcibly enjoy a female slave without the authorization of the owner, but if he enjoyed her without such sanction, he had to pay mere two panas as a fine for a day. In most cases, however, these slave women or maid-servants appeared to have been used to serve in their masters' house alone, and sometimes they had sons and daughters (i.e. who are Grihaja or home-born) of their master or others. Their children were considered very low in the social scale, for the child of a maid-servant was used as a vulgar term of abuse.

From the above study, we can safely assume that their condition was no better than cattle, because the slaves might be bought, sold, loaned or given away. Thus an abundance of husbands, wives, brothers, sisters, fathers, mothers and young children too, was sold separately or in lots to suit the convenience of the purchaser ; and that soul immortal once bought with blood and anguish by God, when the earth shook, rocks rent and the graves were opened, could be sold, based, mortgaged for groceries or dry goods, to suit the phase of trade or the fancy of the purchaser.

But the rigidity of the institution did not mean that a slave was altogether without hope of freedom. Different procedures were to be followed for the emancipation of different kinds of slaves. According to Narada, a slave born at his master's house, one purchased, one received by gift and obtained by inheritance conld not be freed from bondage except by the favour of the master. Some other kinds of slaves, one who was enslaved for debt or one on account of his having sexual relations with a female slave was released on parting with her. Moreover, those who were enslaved by forcible means, must be emancipated by the king for their slavery was not legal.

There were also definite procedures to release a slave from bondage. One

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who was pleased in his mind with the services of his slave, and wished to emancipate him, would take from his shoulder a jar filled with water and smash it. He then sprinkled water, grains and flowers on his head and declared him a free man thrice. At last he dismissed him with his face turned towards the east. According to Yajnavalkya and Narada, a slave could earn his freedom provided he saved his master's life from an imminent danger. In ancient times the slaves were, in most cases, treated brutally and contemptuously. They had no social status, prestige or position. They could neither own any personal property, nor did they give any evidence in any law courts. The condition of the slaves depended upon the nature of their master. The benevolent masters used to treat their slaves generously, and in most cases like their sons. Examples are not rare testifying to the fact that many slaves would inherit the properties of their masters along with their benevolent masters' sons. On the other hand, there were cruel and headstrong masters, who derived a rare kind of pleasure in torturing their slaves. But in any case the masters had no right over the lines of their slaves. But in any case the masters had no right over the lines of their slaves or their sons or daughters and to abandon them in old age. Earlier sources lay down rules of humane treatment, because some law books limit the right of a master to inflict corporal punishments to his slaves. Slaves when they did something wrong could be beaten with a rope or a cane, but only on the back and not on the head. If a master beats them otherwise, he should be punished as a thief.

The condition of the slaves or dashas remained almost the same in the later Hindu period. In the reign of king Harshavardhan, the slaves appeared to have been serving in the adjoining lands of the Buddhist monasteries. The kings donated large portions of lands to the Buddhist monasteries and sangharamas and the slaves were supposed to work there as agricultural labourers. During the rule of the Palas and the Senas in Bengal in the 7th to the 12th century A.D., we see slaves are being used by royal and other physicians as objects of experiments. Thieves, criminals and other accused persons were first sentenced to death by the judges. But they were not put to death. The king did them the favour of reducing their sentences to slavery. And they were allotted to the physicians, i.e. Rajvaidyas and Vaidyas for experiments. The Ayurvedic physicians carried on researches with different kinds of herbs and poisonous drugs as medicines. Medicines like Suchikabharana were prepared from snake's venom. To know the effects of their medicines, they wanted to apply them to human beings. But it was a dangerous thing, because the man upon whom such poisonous medicines were experimental could die at any time. So previously they applied the drugs to creatures like monkeys, cats and dogs. But this was not proved very much helpful. That is why they felt the necessity of applying them on living human bodies

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Their demand became so very persistent that the Pala and Sena kings devised the aforesaid methods. These poor creatures were branded on their foreheads, and they were absolutely reserved for the purpose of experiments by the royal physicians. Sometimes these poor people died instantaneously and sometimes after suffering from a protracted illness. The physicians supplied medicines to them from time to time and watched the results. They could apply surgical instruments, cut out the veins to test the different categories of blood and their improvements, if any, after the application of their medicines. They could do any kind of experiment however inhuman teh act might have been very little importance was attached to the lives of these creatures : because the physicians were not in any way held responsible for their death, nor any punishment could be inflicted upon them for this. But we must bear in mind in this connection that other kinds of slaves, viz, Grihaja or Udaradasha, etc., were not meant for such fatal experiments. Only notorious villians, rogues, criminals and robbers were exposed to such serious consequences after their enslavement.

This reflects very clearly a good deal of light upon the ancient Hindu social and political life of India. It shows that the kings were great patrons of Ayurveda and did much to help their physicians for their advancement of knowledge and improvement of the ancient medical science and surgery. But they did it at the cost of the lives of the slaves, to which they attached no importance. The lives of the slaves were, at least in this case, regarded as less valuable than even creatures like cats and rats, dogs and monkeys.

Slavery existed as a constant factor in the social and economic life of the ancient world throughout the entire period of ancient history. Its validity as a system of labour was never seriously questioned. No attempt to abolish it was made by any ancient Government, nor did any ancient religious body, even the christian church, challenge the right of its believers to own slaves. Although Buddhism and Jainism had great humanizing influence in ancient Indian society for several centuries, they did not utter a single word in favour of the abolition of slavery. Even Asoka, the great patron of Buddhism and supporter of Ahimsa, only asked his people to accord kind and proper treatment to slaves and hired servants. Slavery was thus accepted as a part of the general labour system in India, as in the ancient countries of the world.

Before we proceed further to deal with slavery in the later period, we intend to compare the condition of the Indian slaves in ancient India, with their brethren in the countries of the Near East, Greece and Rome. It will perhaps be no blunder to hold the view, that the condition of the Indian slaves was much better than their European brethren. Dr. Atindra Nath Bose is substantially correct in holding this view. And in support of his argument Dr. Bose quotes the account of Megasthenes—a Greek traveller who visited the court of

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Asoka. But Dr. S. K. Maity, in his work—The Economic Life of Northern India in the Gupta period,—disagrees with Dr. Bose's view on the pretext of the comparative smallness of India's slave population. But, in my humble opinion, slavery existed in India, no doubt, as an important economic institution, but in a milder form. The contemporary literature proves this beyond any doubt.

Literature is the mirror of society. As a mirror reflects a human face, literature also reflects the contemporary social pictures clearly. We can visualise the contemporary society quite distinctly, at least some of its important features as we go through the works of Kalidasa, Barahamihira, etc. The literary works of the ancient Indian writers, provide us with a furtive glimpse of the condition of the dasha's (Mrich-chakatika, etc.). We can assume from this that the condition of the slaves were not so horrible as in the European or Near Eastern countries. We cannot but shudder with horror as we read the works of Cicero, Aristotle and Sappho ; which elaborately deal with the condition of the slaves in ancient times. The masters were the sole lords of the life and death of their slaves. No laws were known, by which a cruel master, who killed his slaves, could be punished. For trifling mistakes, e.g., for stealing a mirror a slave was put to death by crucification. In case of adultery—a male or female slave was sure to be stoned to death. The persons embracing Christianity in ancient Rome during the reign of Nero, were enslaved and thrown before hungry lions and other beasts of prey. Such were the horrible conditions of the slaves in European countries, and the literary works of the master artists of the age, provide us with an unusual glimpse of the contemporary position of the slaves.

But here in India, it was distinctly laid down by Narada and Yajnavalkya that no master could beat his slaves recklessly to death. Moreover, they were not deemed as the masters of the lives of their slaves. There were some provisions restricting the cruelty and torture of the slaves by their masters.

So we can come to the conclusion that the condition of the slaves were much better in India, compared with their brethren in other countries. It existed in ancient India, comparatively in a milder form.

(To be continued)

SITUATION WANTED

PHARMACEUTICAL TECHNOLOGIST, modern and Ayurvedic, 20 years experience, Specialises in Manufacture of standardised Ayurvedic medicines on Scientific line, keeping Shastric principle intact ; his brilliant researches sure to bring spectacular success in Ayurvedic Pharmacy. Desires contact with research-minded and resourceful organisation. Please Write Box No. 1001 "Nagarjun", Calcutta-33.

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News Angle

'Ayurveda was far ahead of Allopathy' observed Dr. Rajendra Prasad, President of India, on the occasion of his visit to Universal Health Institute, Bombay.

Dr. Rajendra Prasad, President of India, paid a kind visit to the Universal Health Institute, Bombay on January 9, 1959.

In response to the welcome address by Pandit Shiv Sharma, Rashtrapati Rajendra Prasadji stated that there were people who said that Ayurveda contained all that could be known and that there was no room for further improvement. There was another group of people who saw nothing useful in Ayurveda and felt that any consideration given to Ayurveda was a waste of national time and money. Both these were extreme views. Ayurveda had much to give and much to take.

If Ayurveda was compared with allopathy when both the sciences were receiving equal support of the nations among which they grew, it would be found that Ayurveda was far ahead of Allopathy. But during the centuries which followed, Ayurveda was subjected to great neglect by the powers which ruled the country of its origin. This period of neglect and stagnation resulted in allopathy making greater progress than Ayurveda in certain branches. However, Ayurveda has some great qualities of its own and many of its truths were sound and useful for all time.

It was, therefore, his view that scientists and physicians on both sides should not shut themselves within their own limited knowledge but should associate themselves with experts of other sciences in order to enrich their own.

As he went round the wards of the Universal Health Institute, Dr. Rajendra Prasad was happy to find that the experts of both the Ayurvedic and the Allopathic sciences were working side by side to enlarge the field of usefulness of medical sciences in order to help the suffering humanity. He was pleased with the mutual system and the spirit of cooperation between the exponents and the practitioners of the two systems and in fact, after seeing the working of the Institute, he wished that all medical institutions emulated the spirit and approach that the Universal Health Institute had adopted.

Before the President rose to answer the welcome speech of Pandit Shiv Sharma,

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Seth Dharmasey Khatau, eminent business magnate of Bombay and a well known benefactor of Ayurveda, garlanded the Rastrapatiji on behalf of the distinguished gathering consisting of the Governor of Bombay, many foreign diplomats, ministers, the Sheriff, ex-sheriffs, leading legislators, businessmen and intellectuals of the city.

Full text of the welcome address by Vaidyaratna Pandit Shiv Sharma, a physician of international repute is given below :-

Difficulties in Ayurvedic Research

The task of conducting research, generally, is far more complicated than that of giving medical relief. Treating patients in an indoor or an outdoor hospital with the sole purpose of giving them relief from suffering, or curing them when they are curable, or, guiding them to live in a way which may be conducive to prevention of disease and preservation or improvement of health, according to the approved routines along which medical institutions are generally conducted, does not present any very complicated problems. But, in the study of the human constitution in relation to various diseases which have not been fully brought under control by any modern technique, a situation arises where imparting immediate relief to the patient may actually thwart the very purpose for which the research has been undertaken.

Sir Thomas Lewis has illustrated this idea by comparing the patient to a man who has fallen overboard. If the Captain of the ship were a research scholar dedicated to the task of conducting research into the causes of people falling overboard, and the ways and means which could prevent such occurrences in future, he would be going against the principles of research if he straightway got busy with the task of rescuing the man from drowning, instead of first concentrating on the evidence which could reveal to him the causes which lead to people falling overboard. In fact, the attempted rescue may even obliterate some of the testimony which may be essential to the fulfilment of the aims of research itself.

It is the duty of a clinician to give immediate relief to a patient of heart disease even if he has a desire to find out whether any artificial exertion would aggravate the condition, for such an exertion may lead to heart failure. But a research scholar, if he is true to the principles of research, must subject a patient to artificial exertion in the interest of the accuracy of his data, even if the patient dies during the experiment.

Thus there can be a direct clash of interests between medical relief and medical research.

This aspect becomes exceptionally serious when applied to Ayurvedic research, in view of the present unenviable place of the Ayurvedic physician in the Government machinery where he has little say in the planning, and more particularly, the evaluation of his work. He dare not subordinate medical relief to the exigencies of research without the risk of being wrongly accused of incompetence or ignorance, particularly as decisions on his work are taken by those who have persistently pressed

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the Union Government to liquidate the Ayurvedic institutions altogether. Struggling in the midst of these difficulties, the Ayurvedic research worker avoids a direct clash with clinical relief and to safeguard the name of the institution whose work is confined to research in clinical medicine, does not overlook the importance of giving clinical relief to the patient, even if it delays the development of his research pattern. To put it very plainly, the world allopathic research enjoys a unique position of vantage from which it can test the validity of a particular approach or even grope its way towards a particular objective, irrespective of the damage the process may inflict on the organism, while the Ayurvedic institutions dare not take advantage of this essential research privilege and conveience. The number of children who suffered injury during the experiments with Salk vaccine did not prevent the Government of the United States from extending their support to the effort and finally, the vaccine was developed. But a hundredth part of such a damage to any patient in this country, through an Ayurvedic unit, would result in immediate withdrawal of all financial and moral support to the worker or the Institution involved in such an incident. In fact, even when the background of Ayurvedic research is utterly faultless, criticisms based on erroneous notions of 'scientific' approach continue to make the task of the Ayurvedic research worker difficult and irksome.

The Institute

The idea of starting the Universal Health Institute for purposes of evaluation of the cliams of different systems of medicine, by scientific methods, was first inspired by Shri Gulzarilal Nanda and Shri Morarji Desai and other members of the Cabinet of the then Government of Bombay. It came into existence on the 24th October, 1950. To begin with, four outdoor sections were started in Menkwa Building, now Buddha Bhavan, at Outram Road, Fort, Bombay. The four sections consisted of Allopathic, Ayurvedic, Homeopathic and Naturopathic clinics. Modern laboratory facilities were made available to all the four sections on the spot. Soon after the commencement of the Institute, an X-ray plant was also added to the laboratory. The Registrar of the Institute was a qualified allopath who kept the records independently for the purpose of comparison and verification of the data collected by the respective sections. Leading physicians from the city gave their honorary services to the Institute to treat the patients according to their respective methods.

The Present Work

As time passed, it was noticed that the Institute attracted larger number of Ayurvedic patients, in view of which both the Bombay State and the Central Governments decided to extend recognition to the Institute as an Ayurvedic Research centre. Three different symptoms, namely Oedema, Dyspnoea, and Osteo-articular pain, representing a number of obstinate and serious diseases, which have still remained unconquered, were taken up for clinical study at the institute.

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Thanks to the soundness of the ancient Ayurvedic concepts and the encouragement and support received from the Governments of India and Bombay, the Institute has been able to establish certain patterns of treatment for the diseases covered by these symptoms, which bring considerable relief to the sufferers even after they have had other treatments at the highest level. While working on the development and improvement of a suitable pattern of treatment for the above mentioned diseases, which work is not yet finished, the Institute had the good fortune to meet with success in the treatment of some other diseases.

Non-Arsenic Treatment of Eosinophilia

It was observed that a number of cases of tropical eosinophilia of lungs and various allergic conditions, e.g., colds, coughs, catarrhs, asthma, etc., were responding very favourably to the Ayurvedic treatment. The treatment of these diseases by such Ayurvedic medicines as are not merely entirely free from the dangers which are inherent in arsenic therapy, but which are also *rasayanas* (alteratives, or constitutional tonics, of great merit) should, by itself, be a pointer to the utility and service to the suffering humanity, which has resulted from the work now being done at the Institute.

It would not be out of place here to record the Institute's appreciation of the unstinted help and co-operation, which it received, in evaluation of the Ayurvedic research work, from the modern team consisting of highly qualified doctors.

Anti-'Flu Drug

Another very useful medicine prepared at the Institute is the tablet for 'Flu, called "Panchamrita Kusumadi Vati", developed under the pressure of the last 'Flu epidemic. It has proved a great boon to not only the sufferers of that disease but also to patients frequently suffering from colds and catarrhs, even when the disease is not ranging in an epidemic form.

In this connection it may be pointed out that the Director General of Health Services, New Delhi, in response to a suggestion from us, had referred this work on Influenza to the meeting of the Scientific Advisory Council of the Central Institute of Research in Indigenous Systems of Medicine held at Jamnagar on 13th and 14th February, 1958. The resolution passed by this Council reads as follows :—

> "The Council considered the Scheme on Influenza, presented by the Universal Health Institute, Bombay, through the Director General of Health Services, New Delhi, and it was decided that such schemes should be encouraged and recommended that the said Institute may be given help to prepare and supply their medicine to all Government Hospitals for use during epidemic of influenza and periodical reports of clinical results should be obtained".

The fact that this tablet was in considerable demand by the allopathic dispensaries in the mofussil where the doctors found it effective and beneficial and asked

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for and prescribed it extensively testifies to the high utility of this product. In fact, it was their own appreciation and substantiation thereof by supplying their clinical data to us for submission to the Government that helped us gather the data for final evaluation of the product.

Health Check-up Centre

In pursuance of the objective of making people health-conscious and helping them to maintain good health and prevent disease, the Institute has started a Health Check-up Centre, the first of its kind in the city, to examine and advise people individually. In this the Institute has received the co-operation of highly qualified medical men and takes this opportunity to express its gratitute to them.

Panch Karma Centre

The Institute has also brought to the city of Bombay the technique of Pancha Karma Chikitsa and the Keraleeya system of treatment for which people had to go to distant places like Trichur, Shoranur, Kottakal, etc., in Kerala. This department is running under the guidance of Shri Kuttanchery Aryan Mooss and Shri N. S. Mooss, two of the leading Ashta Vaidyas of the country. The chief disciple of the former, Shri Trivikraman Namboodripad is the physician-in-charge of this section, which specially caters for cases of nervous breakdown, paralysis and other diseases of degeneration.

The Institute takes this oportunity to thank Shri R. D. Birla, Shri M. L. Mehra, Shri Dharamsey M. Khatau, Shri Mulraj Kersondas, Dr. N. N. Kailas, our present Deputy Health Minister, and others for their valuable financial support to the Institute in various forms. Our thanks are also due to the highly qualified modern and Ayurvedic teams for the unstinted co-operation they have given in the administrative, clinical and research work of the Institute.

We also warmly thank our popular Governor, Shri Sri Prakasaji, for the keen interest he has taken in the development of Ayurveda in the State and for the generous patronage he had always extended to the Institute.

To the Governments of India and Bombay the Institute owes its very existence and it would be hard to find words to thank them adequately.

The Institute has also been approved for extending its indoor hospital service to the Government employees health insurance scheme. But if we take up this additional work, such Government servants as cannot enrol themselves with us, under the scheme, shall be debarred from taking advantage of the services as, by an old convention, the Government of India does not pass the non-allopathic medical expenses of its employees. We respectfully draw your gracious attention to this unintended handicap and pray that it may be removed as early as possible.

The Future

There is still room for improvement in the pattern of treatment which the Institute

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has developed against the three major symptoms referred to above. Work in that direction continues with unabated devotion to the cause of clinical research.

We hope that in the background of the difficulties which confront the research worker in general and the Ayurvedic research worker in particular, a correct appraisal of what has been done so far will not fail to indicate what may be achieved in future.

Inspiration

The fact that the highest authority of this great land, the President of India, has honoured the Institution with his personal visit and shown interest in its work is not merely a recognition of the work done by the Institute, but is also a great incentive to the workers dedicated to the important task of making nature yield its secrets to give relief to the suffering humanity in an increasing measure with the passage of time. The Institute, while expressing its deep sense of gratitude for the inspiration it has received from your kind support, hopes that it will continue to enjoy your blessings and patronage in the future as well.

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Editor :
Ayurved Kesari
Lakshmi Kant Pandeya,
Ayurvedacharya

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Editorial

"परो भूतेष्वनुक्रोशस्तत्त्वज्ञाने परा दया।
येषां तेषामसद्वादनिग्रहे निरता मतिः"॥

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NAGARJUN RESEARCH INSTITUTE
A Five-Year Project

Readers of "Nagarjun" might remember that in January last the first idea of a Nagarjun Research Institute was mooted with the primary object of assessing public and authoritative response to such a project as of the type which we outlined then. We are indeed glad to say that the response has been more than encouraging; rather, the stage has come when we must give the plan a more concrete shape, that is say, to convert it into a phased project which could be implemented within a period of five years.

As we have already stated before, our journal, "Nagarjun" was launched in September 1957 with the object of spreading and revitalising the study and practice of our ancient science of life through the medium of an authoritative periodical. It is a matter of pride not only for the publishers, but for everyone interested in Ayurveda, that the papers published in the journal have brought forth extremely encouraging response from professional men both in India and abroad.

With "Nagarjun" having taken firm foundations, our next step was naturally to work upon the idea of a research institute for giving impetus to fundamental and post-graduate studies in various branches of the ancient science of life, in the context of the precepts of Charak, Sushruta and Vagbhata, the three great teachers of Ayurveda.

Obviously, the name was the first consideration and we could find no apter one than "Nagarjun Research Institute" to commemorate the colossus of Indian alchemistry, medicine and philosophy.

Scheme in a Nutshell

The proposed Research Institute will be a combination of a Post-

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Graduate College, a Post-Graduate Research Institute and a Fundamental Research Institute with a full-fledged hospital of 125 beds, outdoor department, a herbarium and a drug research laboratory.

The question arises as to the need for such an Institute. No doubt, there are many institutions of repute, both belonging to the state and private enterprise. There are also research institutions and laboratories set up by Government as also by manufacturing concerns. But as compared with the magnitude of the facilities at the disposal of our sister science of Allopathy, we find that the existing Institutions of Ayurveda are no match and can be of little use to the scores of graduates of Ayurvedic Colleges every year.

It is against this backgronnd that the idea of an Ayurvedic Research Institute was conceived. Maybe, one Research Institution cannot provide the answer and fulfil the entire requirement; but it certainly could be an example for others to follow in various parts of the country.

Teaching, Aims & Objectives

The 125-bed hospital will be divided into eight departments as classified by Ayurveda with each department having a minimum of twelve beds. The remaining 29 will come under the general category which will be kept for special "paying" cases.

Initially, it is proposed to have a minimum of thirty-two resident scholars—sixteen house physicians and surgeons of Ayurveda, and sixteen house physicians and surgeons of Allopathy. From among these, a registrar and one senior resident medical officer will be selected in due course.

Why should Allopathic graduates be associated with an Ayurvedic research institute—is an obvious question. We believe that science has no barriers and medicine is as much a branch of science, as Physics and Chemistry which claim no distinct national characteristics, and the contributions made in any part of the world are universally applicable.

Emphasis will be laid on finding out the clinical application of the Ayurvedic medicines about which much has been written in the Pharmacology of Ayurveda. The assessment of such experiments on the patients will be done by the Ayurvedic system and also help will be taken of the modern scientific instruments and appliances, laboratory tests, and others.

Management

The direction and control of teaching, treatment and research will be in the hands of a powerful, fully qualified committee, which will include

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some of the distinguished members of the Editorial Board of "Nagarjun", at least three representatives of the Government of India and the Government of West Bengal. The Institute will be under the immediate control of a Director, who will be a distinguished Ayurvedic physician. It is proposed that the Deputy Director should be an Allopathic physician, who is also conversant with the principles of Ayurveda. There will be eight Heads of Departments, thirty-two house physicians (16 Ayurvedic and 16 Allopathic). In addition, there will be the usual staff of the hospital, X-Ray Unit, Electro-Cardiography Department, Pharmacological Department, Laboratory, Administrative Office etc.

Building Department

At an estimated rate of Rs. 7,500 per bed unit, the hospital building spreading over an area of five acres with provision for 125 beds, will alone cost about Rs. 10,00,000. Pending the construction of the building, it is proposed to locate the hospital in a hired house, the rent of which will come to about Rs. 2,000 a month. That is to say, the cost of hospital accommodation on rental basis for a period of five years—by which time the permanent establishment will be ready—works out to Rs. 1,20,000.

Attached to the hospital will be dormitory-type quarters for the thirty-two house physicians and surgeons, 20 nurses, servants, jamadars, etc. The building for this purpose will cost about Rs. 2,00,000.

While, of course, the laboratory will be a part of the hospital building, at a later stage, as and when expansion is considered necessary, provision will have to be made for separate premises for laboratory and research work. We have not worked out in detail the estimates for such a building. but on the experience of other Institutions, we might say that such construction will entail a minimum expenditure of about Rs. 10,00,000.

Meanwhile, whatever Ayurvedic drugs are possible to be assayed either at the School of Tropical Medicine at Calcutta, or in the Central Drugs Laboratory at Lucknow, will be done. The Nagarjun Research Institute will carry out a Clinical application of such assayed drugs and also the drugs which will be assayed in the Institute itself. This leads to the necessity of a well-equipped unit for Pharmacological assay of indigenous drugs at the Laboratory. Initially, an investigation will start with the drugs which have a sedative action on the human body and also drugs which act on heart and blood coagulation. The annual cost of this section will be about Rs. 2,00,000.

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But what immediately concerns us and counts for the immediate successful start and functioning of the teaching and hospital divisions of the Institute will be the provision and installation of adequate equipment. Such equipment, it is estimated, will cost about Rs. 5,00,000.

Staff Emoluments

We are glad to say that the Heads of Departments will not be taking any remuneration, but it is proposed that they should be paid an honorarium as is the practice prevailing in leading medical institutions all over the country.

Staff emoluments for the first five years will come to about Rs. 7,00,000 or about Rs. 1,40,000 per year.

Publication Division

It is also proposed to publish an Ayurvedic Encyclopædia of ten volumes of 1,000 pages each. Since no elaborate work has yet been done on this subject by any Institute so far, the necessity of having this Division attached to the Nagarjun Research Institute is paramount. The ten volumes will be as under :—

1. History of Ayurveda ; 2. Ayurveda and its utility in modern days ; 3. Different aspects of the art and science of Ayurveda with a particular reference to Panch Bhuta Theory, Tridosha Theory and Nadi Vignan ; 4. List of writers of authentic books giving their life-sketch and names of their works ; 5. Subjectwise list of books so far published in Indian and foreign languages ; 6. History of Ayurvedic Journals ; 7. Ayurvedic Materia Medica—Vegetable Kingdom ; Therapeutical values of different herbs, when combined together and their utility in different diseases ; Mineral Kingdom ; Animal Kingdom ; 8. Details of Ashtanga Ayurved—Shalya Tantra (Surgery) ; Shalakya Tantra (Surgery of Ear, Nose and Throat) ; Kaya Chikitsa (Medicine and Treatment) ; Kaumara Bhritya (Pediatrics—Mother and Child Welfare) ; Bhut Vidya (Mental Diseases) ; Agada Tantra (Toxicology) ; Rasayana (Rejuvenation—Geriatrics) ; Vajeekarana ; 9. What Ayurveda can take from modern medicine and surgery ; 10. What modern medicine and surgery have already taken from Ayurveda and what it can still take.

It is proposed to publish 1000 copies of each volume in English and another 1,000 copies in Hindi—that is a total of 2,000 copies of each volume or a grand total of 20,000 copies of the entire set. This is a laborious task

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and requires the services of expert scholars, and in our opinion, it will take a minimum of five years to complete the job.

The total cost will be about Rs. 7,50,000, or Rs. 1,50,000 for every year. An expert committee will guide the preparation of the Encyclopædia, and it is proposed to include at least two representatives from the Central Government and one from the Government of West Bengal.

It is proposed to price the Encyclopædia at Rs. 250/- nett for each set of ten volumes and the total sale proceeds, namely, Rs. 5,00,000 will be put back into further literature research work on reprinting rare and valuable books, now out of print, rare manuscripts, available from leading Libraries in India and abroad.

Institute's Income

Since the Institute will be primarily devoted to research, it is not our desire to make it what is called a "paying institution, but as far as practicable, to reduce the cost of treatment to the barest possible minimum to meet the needs of all sections of people. In this, we are guided by the principle of service to ailing humanity, and help the healthy to keep so, With this idea before us, it is proposed that fifty per cent of the hospital beds will be free ; the rest will be charged on a scale ranging from Rs. 3/- to Rs. 12/- per day per head. Diet charges will be Rs. 3/- a day. On this basis, the return will approximate to Rs. 2,40,000 per year.

Conclusion

Summing up our project, outlay covering capital and recurring expenditure over the project period of five years works out as follows :

Cost of Building and Land for Hospital of 125 beds ...	Rs. 10,00,000
Cost of Building and Land for Research Laboratory ...	Rs. 10,00,000
Cost of Building and Land for Staff Quarters ...	Rs. 2,00,000
Hospital and Laboratory Equipment	Rs. 5,00,000
Pharmaceuticals (including Drug Research section) ...	Rs. 2,00,000
Rental for Hospital accommodation for five years ...	Rs. 1,20,000
Staff Emoluments for five years	Rs. 7,00,000
Ayurvedic Encyclopædia (five years)	Rs. 7,50,000
Incidental Expenses (maintenance, etc.)	Rs. 1,30,000
Total ...	Rs. 46,00,000

From the above, it will be seen that it is essential to provide for a minimum of Rs. 10,00,000 per year to run the Institute and carry on with the construction of the hospital, laboratory and staff quarters. Against this

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expenditure estimate, an income of about Rs. 2,40,000 is visualised per year. But this income cannot be taken at the initial stages; it could be utilised in the second or third year of the project as initially the cost will have to be entirely from capital reserves.

We are glad to say the the response, since we first mooted the idea of the Nagarjun Research Institute in January, has indeed been very encouraging. It is for this very reason, that we have taken a step further into working out the nearest approximate costs entailed over a period of five years. So far there have been firm offers of over Rs. 5 lakhs on the capital expenditure side covering construction.

Obviously, a project of this type which may ultimately cost upto Rs. 50 lakhs, cannot be undertaken without the approval and large-scale support from both Government and private enterprise.

It has been suggested to the Central Government that they should make an initial ad hoc grant of Rs. 7,50,000 and a recurring grant of Rs. 2,50,000 per year. It is also intended to approach certain State Governments for an initial ad hoc grant of Rs. 2,00,000 and a recurring grant of at least Rs. 1,00,000 per year.

With such Government support, we have been promised matching sums from leading philanthropic institutions and private enterprise.

But, here in a project of this type, where we visualise immediate functioning of the Institute, the prior needs will naturally have to be met from Government to augment the initial financial resources which we estimate at Rs. 5 lakhs from the public side.

An important feature of this project is that it starts functioning right from the first year. The completion aspect is only from the point of view of the Institute having its own premises for the hospital, quarters, research laboratory, etc. The actual work begins the moment we are able to get government's final approval and the initial ad hoc grant as well as the recurring grant for the first year.

With our expectations of sufficient funds, say about Rs. 10 to 12.5 lakhs to be in hand within the next three months, it will be safe to assume that the Institute can have its inauguration not later than the Deepavali this year, to coincide with the Dhanwantari Jayanti.

Needless to say, the cause of Ayurveda is universal. We are quite confident that the Central and State Governments, philanthropic institutions, private enterprise and all lovers of Ayurveda will respond to it in a generous manner and assist us in the noble task of establishing this Institute on firm foundations to serve humanity.

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FULFILLING A WIDER NEED

Relating Ancient knowledge to Modern Requirements

G. H. Gates-Reed, *M.I.A.M.A.*

Unless reading for medicine or an allied subject the Westerner of average education is only likely to meet up with the word AYURVEDIC when doing THE TIMES or a similar standard Crossword Puzzle (as I did) or possibly in a travel book or novel written against an Indian/Eastern back-cloth. Whether or not the reader pursues the word from being a dictionary definition (it is not even in The Concise Oxford Dictionary) to a subject fascinating enough to call for further investigation will depend on many circumstances—the nature of the person ; the direction of his interests—classics or the sciences—the atmosphere of the circumstances under which the word AYURVEDA and its definition (if found) is first met.

Suffice it, that this preamble is aimed to emphasise that despite the long list of learned books, most of them accepted as authoritative, in English, German and other Western languages, which have appeared over the years, on this subject, written by nationals of those countries, general knowledge of AYURVEDA among Westerners is very restricted indeed—just as, in fact, is knowledge of their own medicine, apart from the smattering acquired for Home Doctoring purposes. In fact, even to the general run of medical practitioners Ayurveda, when met with, would be rapidly dismissed as a form of eastern magic, of quackery. Rude that may sound but true it would be ; and even more so to the layman who might happen to come across a book or a pamphlet on the subject. To the Western man-in-the-street, where medicine is concerned, the unorthodox (to him) is inevitably quackery or crankery (to develop a word). Herb devotees are quaint relics of the folksey past in an age of neatly bottled tablets and capsules of injection fluids, which, it is claimed and believed, will cure all man's ailments sometimes with the aid of a ready knife and respiration machines and surgical equipment truly bewildering and somewhat

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magnificent in its complexity, from cancer (almost) to corns.

If Mr. Everyman, therefore, is ever tempted to stray from authordoxy, from the B.M.A. blessed, to try hypnosis (now blessed), bone manipulation, elixirs or charms, it will always be with a sense of guilt or daring or in desperation—attitudes on which those peddling the phoney, trade with great guile; thus the need for the CODE OF STANDARDS IN IN RELATION TO THE ADVERTISING OF MEDICINE AND TREATMENTS —still much abused.

NAGARJUN has not suggested that Ayurveda should set forth to conquer the West but rather that, through a Research Institute, an effort should be made in India to "help improve the system of Ayurvedic education in this country . . . ." The need goes further surely. It must be to relate the knowledge of the ancient science of Ayurveda to modern requirements to revitalise interest in and practice of Ayurveda. It might also be advisable to work back from the fact, as made in the January editorial, that "Western science on many occasions and even now is readily acknowledged that many of the fundamental principles on which they are working have actually been taken from either Charak or Sushruta" and re-assess here in the ancient birth-place of Ayurveda the magnificent part this system can play in bringing health and happiness to the ever-increasing millions of India's population by relating the lessons learned by the West from the Ayurveda of the East (as referred to above) to the problems of today as they are here, changed as they have been by time and circumstances, so that the great and proven in Ayurveda may absorb something of the great and proven in Western Medicine thus to fulful a wider purpose.

It is wise, therefore, that the suggested Institute should not only give an opportunity to Ayurvedic graduates to continue their studies but also provide young Allopathy graduates with an opportunity to study and assimilate Ayurveda as a post-graduate course and possibly, we trust, for the Ayurveda students to benefit from their association with Allopathy.

To wish to stimulate interest in Ayurveda simply because it is a part of an ancient culture without relating it to changed concepts and increased knowledge, even though much of it may be of Western influence and not in itself completely acceptable to practitioners of Ayurvedic medicine, would be folly. All the major religions of the world, including Hinduism whilst adhering to their basic philosophies have had to concede points and re-align themselves with new concepts which are the direct outcome of changed standards of outlook, education and of living itself. It should, therefore, be a part of the Institute's realm to develop interest overseas in Ayurveda, as NAGARJUN has itself already done, so that the developing interest of foreign study of and research into Ayurveda may also help keep the flame of Ayurveda young and vital.

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It might give point to this article for me to state that I write as a Western man-in-the-street with no knowledge of Western medicine whatsoever ; in fact, with possibly a little more knowledge of Ayurveda than patent medicine theory, as the direct result of having been made aware of Ayurveda by L. K. Pandeya, the Editor of "NAGARJUN". Over our many discussions on the wider concept of "NAGARJUN" (which is to promote human welfare, culture and science to "make this world free from poverty by the attainment of absolute control over Mercury") I have benefited very considerably and learnt a great deal about Ayurveda after overcoming an initial and inevitable Western reaction of "quackery"! It pleased me, therefore, to read in the editorial of January when presenting the blue-print for the Nagarjun Research Institute, that the fundamental object of this urge to re-stimulate interest and channelise the existing practical outlets for Ayurveda, did not overlook the need for open-mindedness in approach. Possibly, I cannot do better than end on a quotation from that editorial, taken from CHARAK, first master of Ayurveda : "There is no end of medical science. Skilfulness and practice should be acquired from others without feeling humiliation. Unto men of intelligence the whole world acts as a teacher ; unto the destitute of intelligence, the entire world appears as hostile".

One feels that if this point particularly, is borne in mind, then the success of the Nagarjun Research Institute will be assured. Medicine—whatever its basic concept—can never be parochial or fanatical. It is surely being demonstrated with almost terrifying emphasis each year that the knowledge of to-morrow will reveal our knowledge of today as being almost equivalent literally to the ignorance of a Dark Age, so widely and rapidly is the field of knowledge expanding.

It becomes equally as important, therefore, that the real, the beneficial lessons of the past should be kept alive so that they may be related to and bring their proven influence to bear upon the new lessons being learned today and to be learnt to-morrow. In this role Ayurveda has an essential part to play and one feels as an outsider, that the fundamental conception of the Nagarjun Research Institute is one way in which to achieve that objective.

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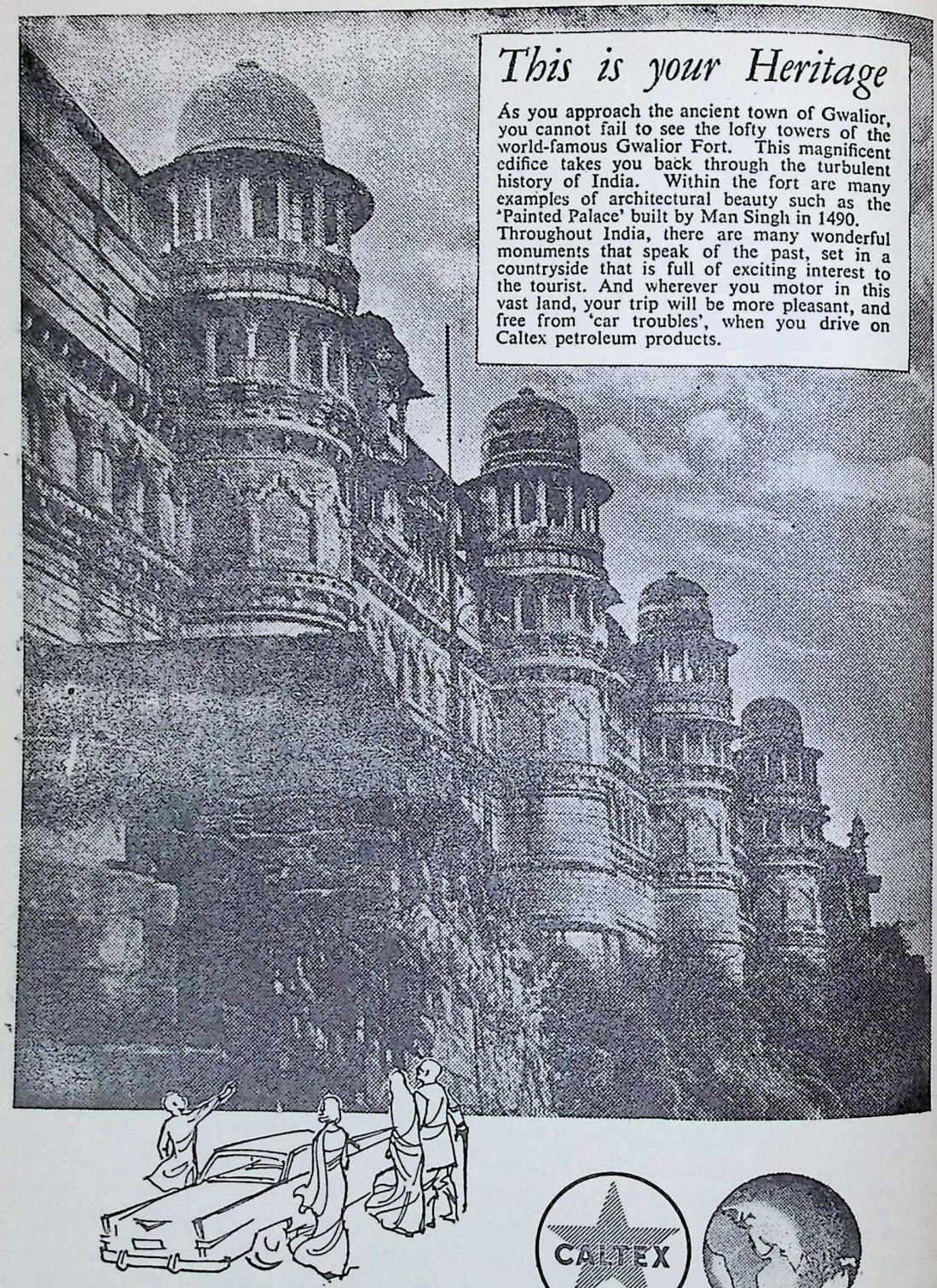

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AYURVEDIC RESEARCH IN THE ANCIENT UNIVERSITIES OF INDIA

Sri Amal Kumar Chattopadhyay, *B.A. (Cal.), Department of History, Jadavpur University, Cal.*

In this article I propose to give a bird's-eye view of the Universities of ancient India (circa. A.D. 100 to 1196.) Nations can progress effectively if they respect their own history and keep their particular character. And this is mainly the mission of National Universities. In this article, I shall endeavour to throw some light upon the ancient universities of India. India has a very old golden heritage of its own culture, which is by far the best in the history of antiquity. But it is a matter of deep regret that we know very little about our own history. And this is not due so much to any short-comings on the part of the workers in the field as to the fact that the available sources are very inadequate. The early sources of Indian history are scanty, scattered and fragmentary compared to those of the Muslim and British periods of Indian history.

The current view is that universities first grew in Europe and the idea of universities came to India from Europe. This view is not correct. Universities existed in India long before these came to be founded in Europe. Seats of learning, as distinguished from Universities, existed in Benaras and Taxila in the pre-christian era. Formal universities came to be established in India much earlier than in Europe. There were universities in Nalanda, Vikramshila, Odantapuri, Vallabhi, Taxila and Jagadalla in the early centuries of the Christian era. Of these Nalanda could claim to be the most magnificent temple of learning in Jambudvipa and the premier and pioneer national university of India. In this paper, therefore, I intend to confine myself specially to an account of the Nalanda University which was mainly a seat of universal learning in ancient India. Students flocked to its portals, not only from all the corners of India, but also from the whole of the then civilised world, save perhaps from Greece and

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Rome. It was a residential university par excellence.

Nalanda

Nalanda was established at an opportune moment when India reached her culminating point in spheres of religious and philosophical thought.

Before Nalanda became an educational centre, it was famous as the meeting place of the great Mahavira and Gosala and a unique centre of religious propaganda carried out by Buddha. Many a time with his favourite disciple Ananda, Buddha visited the place and stayed at the Pavarika mango-grove. We know nothing about Nalanda of this period, that is to say, after Buddha's Nirvana which took place in 483 B.C. down to the 7th century A.D., when Hiuen Tsang visited India and recorded his account of Nalanda. According to Taranath who wrote the history of Buddhism in about 150.) A.D. Nalanda was the birthplace of the venerable Sariputta and it was also the place where he with his 80,000 arhats attained Nirvana. In course of time, only the Chaitya of the venerable Sariputta remained at which king Asoka gave great offerings and over which he erected a great Buddhist temple. Asoka was the founder of the Nalanda Vihara which developed later on into the great University of Nalanda. Relying on tradition, Taranath says that Saivishm, a contemporary of Nagarjuna, established 108 temples at Nalanda in order to prevent any decline of Abhidhamma.

Fa-Hsien who visited India in the early years of the 5th century A.D. does not mention Nalanda but his description of a place called Nala exactly tallies with the description gathered from other sources. So we are inclined to believe that he did not visit the place but he only relied on hearsay. It may be that before Fa-Hsien's arrival, the place was not so famous as to attract the attention of Fa-Hsien. But by the time of Hiuen Tsang's visit to India, it had developed into a full-fledged university. So we may assign the foundation of the earliest temples and monasteries at Nalanda to the two centuries that passed between the visits of Fa-Hsien in 425 A.D. and that of Hiuen Tsang in 625 A.D.

According to Hiuen—Tsang, Naga is the old name of Nalanda. According to I-Tsing the name Nalanda is derived from Naga Nanda. A contemporary Korean pilgrim to India observes. "The temple is called Nalanda Vihara after the name of the Naga called Nanda".

This famous university was situated in the modern village of Bargaon about 8 miles from Rajgir in Bihar. The university consisted of six monastic colleges. Sakraditya (Kumar Gupta) built the first monastery. Then six kings of his line in connected succession added to this structure using all the skill of the architect and the sculptor till the whole became truly marvellous to behold. From the Tibetan accounts, we learn that Nalanda had a fine library, situated in the quarter known as Dharmaganja (piety mart.) There were

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also satras (free-board hostels) where the resident pupils were entertained free and supplied with their necessaries out of the endowments of the university.

In the compound of the university, there were ten great posts where the inmates used to take their baths, by the side of a big well. The water of it used be drunk by people in the belief that their intellect would become sharper thereby. Hiuen-Tsang says that this is the only temple in which, by imperial order, a water clock is kept to determine the right time. Nalanda, thus, with all its scholars well known for their sacred texts and acts and with its learned and virtuous Sangha, and its brilliant and magnificent chaityas and viharas, was a city that mocked, as it were, all the cities of the kings.

All enthusiastic young learners were admitted irrespective of their caste and creed except the detected criminals, physically unfit persons and slaves. The ceremony of admission was very significant. A student who had embraced Buddhism and sought admission, would have to shave his head and beard and pay salute to the gate-keeper, the Dwara Pandita, saying, "I take refuge in the Buddha, I take refuge in the Dharma, I take my refuge in the Sangha". After finishing the formalities of the order and answering formal Questions, an assembly of ten teachers would inquire into his qualifications to receive the Upasampada ordination.

After passing such ordeals, he was also informed of the hard life he would have to live as a student depending for his food on what he would get as alms, for his robes on rugs taken from dust-heaps and for dwelling in the shades of trees. An idea of the stern life that he was expected to lead was also at the same time conveyed to him. He would have to abstain from all sexual intercourse, from theft and from taking what is not given to him, from destroying the life of any being and from using high beds, from possessing gold and silver, from dancing, singing and eating at forbidden times, etc.

Another 12 rules he had to follow: A novice must distinguish between legal and illegal rules, must not sleep without garment, must not eat food left from a meal, must not dig the ground, must not refuse offered food, etc.

Besides these, a bhikshu had to follow other sixteen doses of do not—do not cast a look at the personal beauty of a person, do not lend ears to gossips, do not be idle, do not sleep too much, etc.

It is noticeable that all these rules are elaboration of Buddha's noble eightfold path.

The curriculum of the universities was divided into two parts—compulsory subjects and optional subjects. Works of theology were compulsory for all students. Though logic was not compulsory, exigencies of those times when debates and discussions were very frequent practically made it almost compulsory for all students as they had to defend the Buddhist system against others. As regards optional subjects,

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some of the vidyas such as Dhanurvidya, Chikitsavidya etc. were never meant for all.

The accounts of Hiuen-Tsang and I-Tsing furnish us with the information of the studies of the Nalanda University which can be taken as a model and type of other Buddhist Universities.

The knowledge of Sanskrit was essential for all those Buddhists or Hindus who wanted to prosecute their studies in the universities. It meant a thorough grasping of the Sanskrit grammar called Sabdavidya which is the first step in the attainment of supreme knowledge which can be obtained by Adhyatma vidya, the last in list of the vidyas, the intervening ones being Silpavidya (Art) Chikitsavidya (Medicine) and Hetuvidya (Logic), etc.

Generally students of six years of age began with Sabdavidya which dealt with elementary Sanskrit grammar. It was likely to impress upon the boy's mind, as the educationists of India and Europe think, the idea of science, method, order, principle and system of rule.

The students thus initiated into the elements of grammar, were given the sutras of Panini at the age of eight, as the foundation of grammatical science which he finished within eight months.

The study of grammar was considered so important that it had to to be carried on for about fifteen years.

All these years of efforts were meant to train the memory of the student and he began to learn composition in verse and prose. From the study of composition he passed on to the study of Hetuvidya.

Besides these, before a student entered upon the university career, he would study Patanjali, Bhatrahari-Sastra and some texts on Brahmanism and Buddhism.

A student, whose knowledge thus may be favourably compared with that of a modern graduate, was still regarded as a school student. For this reason, Nalanda is to be considered as a university of universities, where only advanced students, eminent and accomplished persons famed for their wisdom over different parts of India, came to get that stamp of culture and refinement, which universities like Oxford and Cambridge give to the modern Indian students.

Method of Teaching

The method of teaching seems to have been chiefly oral. Lord Buddha did not put his teachings into writing and it was handed down by words of mouth as was the ancient custom. Teaching through Questions and Answers was the usual rule. By these conversations held between the teachers and the taught or the outsiders, every confusion was unravelled, every lurking error dragged to light, and enquiry on the right lines stimulated and directed. But the valuable result was also gained by the close association with the teacher.

Another important method was tutorial. More attention was paid to the needs of individual students rather than to general lectures. But there were some subjects like Metaphysics on which lectures were delivered. A contemporary writer describes the method of teaching in

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Nalanda University thus :—within the temple they arrange everyday about two pulpits for preaching and the students attended these lectures without fail. The only writing work the students had to do was in the form of copying out manuscripts.

Student Life

Though the rules were strict, yet they were not so spartan in their execution. There was no corporal punishment. The highest punishment was expulsion from the monastery for serious acts of immorality. The relation between the teacher and the taught, as prescribed by the Buddha, was like that of a father to his son. Such relation helps the learner to unite by mutual reverence, confidence and to progress ahead, and reach a high stage in doctrine and discipline. The relation between them was not that of a master and servant, of a superior and an inferior but that of nurse and a patient. Very few instances of conflict with the teacher are met with in Hindu as well as in the Buddhist works.

As regards the dress of the student of the Buddhist monasteries, no special academical dress was used as the students of Bologna and other European universities did. The dress as prescribed by Buddha was of yellow colour and divided into three parts—the waist cloth, under garment and the upper robe. The students had three meals a day—breakfast, lunch and supper. Students, Bhikshus as well as Brahmacharins had to pay, according to I-Tsing, for their own subsistence. Of games and sports, gambling was very popular, though Buddha strictly prohibited it. The cullavage is replete with various kinds of games and sports some of which are quite modern in nature.

In Nalanda, besides the Dvara-pandita, there were three other important officers viz. the ching-falsong (the promulgator of the good law) corresponding to the chancellor of a modern university ; the Karmadana, the sole director of the monastery and the sthavira (presiding priest).

The head of the Nalanda monastery in Hiuen Tsang's time was Silabhadra, who was preceded in his office by Dharmapala. In the middle of the eighth century, the great Tantric scholar Kamalasila was at the head of this establishment.

The number of students residing here numbered 10,000 in Hiuen Tsang's time, while in I-Tsing's time the number exceeded three thousand. In the time of Hiuen Tsang, out of the 10,000 inmates of the convent 1,510 were teachers who delivered 100 different discourses on diverse subjects every day.

There were many eminent teachers at Nalanda, famous for their conspicuous talents, solid learning, great ability and illustrious virtue. Nagarjuna, the founder of the school of Madhyamika philosophy was one of the early founders of the vihara. Dharmapala, a native of Kanchipura was a student of Nalanda of which he subsequently became the head. Silabhadra, a native of Samatata (Tippera) was

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a pupil of Dharmapala at Nalanda of which he subsequently became the head. While yet a student at Nalanda, he defeated in a debate a proud Brahmin who came from South India to engage his guru Dharmapala in a discussion. Both I-Tsing and Hiuen Tsang referred to his profound learning and it was under him that he later learnt Sanskrit at Nalanda. He wrote many books.

Santa Rakshita was a professor at Nalanda, whence at the request of the Tibetan king Khri-srong-dur-Tsan, he visited Tibet, where he worked for thirteen years, and helped the king to build the first Buddhist monastery in Tibet, after the model of the Odantapuri. Hiuen-Tsang mentions the name of many other teachers, Chandrapala, Gunamati, and other eminent men whose names are lost. "These illustrious personages excelled in their attainments all their distinguished predecessors and passed the bounds of the ancients in their learning. The stream of their superior teaching spread abroad.

In the opinion of Dr. Kielhorn, the glories of Nalanda began to decline from the latter half of the 9th century. But the copies of Astasahas-krika Proynaparumita, now preserved in the library of Cambridge University and the Asiatic Society of Bengal, show that these were copied at Nalanda in the reign of King Mahipala (980-1026). There are also records to show that as late A.D. 1164 Nalanda was functioning as a university. In the 4th reginal year of Rampala (1084) and of Govindapala (1184), manuscripts were copied at Nalada. That these manuscripts were copied at Nalanda, show that Nalanda continued to be a centre of learning at least as late as the middle of the 11th century.

When Vikramshila rose as a rival, its glory began to decline. Three circumstances contributed to Nalanda's decline and fall. Its building, despite repairs and construction at intervals became old and dilapidated. Much of the royal patronage which had so long been monopolised by Nalanda was transfered to the new university which developed at Vikramashila under the patronage of the Palas. The Turkish invaders gave the crushing blow to Nalanda. They took it for a fort and considered the peaceful monks as cowardly soldiers, set the buildings on fire and put the inmates to the sword. Thus, one of the greatest centres of learning was totally destroyed by the attacks of the barbarian inroads. The same thing happened to the famous Library of Alexandria, which was set on fire and burnt to ashes by the Khalifa during the Muslim invasion in Egypt purely on the pretext of the all-pervading influence of the Koran.

Vikramshila

The monastic university of Vikramshila, according to Tibetan chronicles, was situated in Bihar on a hill on the right bank of the Ganges, but its precise position is not certain.

According to tradition, the Vihara was named after a Yaksa called Vikrama who was suppressed there. As it was founded by King Dharmapala of the Pala

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dynasty, it was known as the Royal University of Vikramashila.

Dharmapala furnished its four establishments each consisting of 27 monks, belonging to the four principal sects of Buddhism. Later on, other buildings were added so that it came to have six colleges, a central hall called the house of science and four satras. Free board in hostels was allowed to the students of this University.

It was managed by a board of six members presided over by the high priest. There were six Dwarapanditas, probably the principals of the six colleges, at the six gates who used to examine the candidates in the same way, as the Dwarapalas of Nalanda did. These Pandits collectively formed the Managing Board of six members with the high priest as their President. This body granted the diploma of Pandita to all distinguished alumni. The diploma was conferred by the reigning king.

King Dharmapala appointed 108 professors for each of the six branches and endowed it with high grants out of which satras were established for supplying gratis food and other necessaries to the inmates including the professors and the students.

Among the illustrious alumni, we may mention the names of Ratna-Vapa of Kashmir, Jnana-Srimitra, the author of the Tarka-Bhasa, Ratna-Kirti, author of Pramana-vinischaya, Jetari, the author of Hetu Tattava Upadesa, and others.

Like Nalanda, Vikramshila was famous for its eminent teachers. Among the associates, we can mention the names of Acharya Buddha Jnana-Pada and his guru Simhabhadra. Dipakankara Srijnana was the high priest at Vikramshila. Abhyankara-Gupta, a famous teacher of Vikramshila took an important part to drive out the Turuska. Among other teachers. Mahapandita Ratnakirti pandita, Manjusri and others were famous.

It was destroyed by the Muhammedans about the year A.D. 1196, like the University of Nalanda, at the time of Muhammedan conquest of Magadha, now called Bihar.

Odantapuri

Another monastic university was the University of Odantapuri which was established by Gopala, the 1st king of the Pala Dynasty about the middle of the 8th century. But some writers thought that it was established long before the Pala Dynasty came to power in Magadha. It was situated near Pataliputra, but it is difficult to identify its exact site. It was famous as a stronghold of Tantric Buddhism. Ratnakara Santi, one of the Dwarapanditas of Vikramshila was ordained in the Sarvativada school of Odantapuri. Even Atisa, the high priest of Vikramshila, took the sacred vow at his nineteenth year from Sita Rakshita, the Mohasanghika Acharya of Odantapuri university when Abhayankara Gupta was at the head of the Buddhist hierarchy of Magadha (towards the end of the 11th and the beginning of the 12th century A.D. There were no less than one thousand Buddhist

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monks at Odantapuri as compared to 3000 monks at Vikramshila. This Vihara contained a splendid library, which was destroyed by Baktyar and his troops. The University was totally destroyed in 1199 A.D.

Vallabhi

Vallabhi was another famous University in ancient India. It was most probably located somewhere in Junagadh or Saurastra area. Like the universities of Nalanda, Vikramshila and Odantapuri, it was also run by royal patronage. Students of all religions, such as Hindu, Jaina and Buddhist faiths flocked together in the campus of this University in search of knowledge. Subjects like Philosophy, Mathematics, Astronomy and Astrology, Sanskrit, Pali, Grammar, Ayurveda and Indian Chemistry were taught here. There were hundreds of professors who were men of profound learning and erudite scholarship. Ample facilities were there for the deserving and meritorious students desirous of carrying on research works on Ayurveda and other branches of learning. The teachers were paid by the royal treasury, and students were provided with free board and lodging. Moreover, meritorious students used to get scholarships from the royal treasury on the recommendation of the proctor of the University, for carrying on their research works. This University was most probably ruined by the Muhammadan soldiers during the invasion of Sultan Mahmud in the 11th century A.D.

Taxila

One of the greatest seats of learning in ancient times in India was obviously the University of Taxila. This great university was located somewhere in the Shialkote district, West Punjab region of Pakistan territory. This university imparted education on many subjects including Ayurveda, Military Surgery, Archery, Veterinary Sciences, Astronomy, Astrology, Physiology, Sanskrit, Pali, Prakit, Tantra, Philosophy, etc. Students from different parts of India and abroad enrolled themselves in the University of Taxila. Many valuable Sanskrit texts on Ayurveda, Hindu and Buddhist philosophy were preserved in this university. The great Chinese traveller Fa-Hsein paid his reverent homage to this university. The University of Taxila was completely destroyed by the barbarian Muslim inroads. The ruins of the ancient University of Taxila still remains in the Pak-Punjab region.

The Muslim invaders are entirely and absolutely responsible for the destruction of many a Hindu temple in India. They have also caused wholesale destruction to our ancient art and architecture. The ancient universities of India were also completely destroyed by them. And lakhs of valuable manuscripts, which were store-houses of knowledge, were burnt to ashes. These books and manuscripts are now lost beyond all hopes of recovery.

All the European Universities originated much later than the ancient Indian Universities. They rather sprang from the ruins of Indian Universities. The

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University of Paris, which is the oldest University of Europe was founded in the year A.D. 1150. The two great British Universities—The University of Oxford and that of Cambridge were established in the twelfth century. The venerable old institutions like Aberdeen, Glasgow and St. Andrews, go back only to 1494, 1450, 1411 respectively. The same pattern is to be seen in Sweden, with Upsala founded in 1477.

In India, the teachers were all paid by the royal treasury, and hence they had no obligation to the students. The students, on the other hand, were given free studentships. And sometimes they were provided with scholarships and other facilities. In spite of it, there was a very good relation, in all the ancient universities of India, between the teachers and the taught. The students were gentle, law-abiding, sincere and well-behaved. The teachers were also sincere, learned and authorities in their respective subjects. They were always prepared to render all sorts of help to their students ungrudgingly. The students in Indian universities were much too young in comparison with their European counterparts in the later period, because in the European Universities, the age of the students usually varied from sixteen to forty. Whereas in India, the age of the students was between eight to twentyfour, with a few exceptions.

In the University of Bologna, the professors could not be absent without the permission of the students. If they did so, they were heavily fined by the rector. A certain amount of money from their salaries were deposited in a local bank as a security. Moreover, it was the students, not the teachers, who decided what subjects were to be taught in a particular session. The students used to pay tuition fees, and that is why they enjoyed so much power. But this was quite unthinkable and beyond imagination in ancient Indian Universities.

Before the conclusion of the article, I intend to say something about Ayurveda and the method of its teaching in the different universities of ancient India.

All the eight different branches of Ayurveda were taught in those universities of ancient India. Anatomy and Surgery were taught with dissection of dead bodies. Even cranial surgery was practised. The great surgeon Jibak was a student of the department of Ayurveda of the University of Taxila. He was also a good physician of children's diseases. Biology was taught and dissection of such live animals as hares, frogs was made for the practical training of the students of Biology. A special training in Arbori Horticulture (Indian Botany) was imparted to the students of medicines in the Herbarian attached to the universities. Every Ayurvedic student was compelled to get himself fully aquainted with the trees, creepers and herbs which were used as medicinal ingredients. If the student failed to identify a Vanaspati or a tree and to describe its medicinal properties, he was not granted the diploma necessary for practising as a physician. When Jibak wanted to go out of Taxila for the purpose of practising as

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an independent physician, the professors of the university of Taxila asked him to walk to and fro round the university site of Taxila, covering a distance of eighty square miles on all sides in search of a single Vanaspati which could not be utilised as medicines. Jibak made very wide researches into the vegetable kingdom of the places round Taxila and came back with the theory "ननोषधिभूतं जगति किंचितद्द्रव्य-मस्तीति" i.e. there is no article in this world which cannot be used as medicines. When Jibak made the above statement to his professors at Taxila, they were very much pleased with his research activities and granted him permission to practise as a full-fledged physician. Jibak also made extensive researches in Pediatrics or in the diseases of the children. There are many stories current in the Buddhistic literature about the miraculous achievements of Jibak in the field of cranial surgery and pediatrics. Extraction of a dead child from the mother's womb was a feat of remarkable achievement on the part of the surgeons of ancient India. The Gynecologists and Obstreticians of the modern age have translated and are following into toto, the achievements of the Indian surgeons in their works of operative surgery. So the belief, current among the modern students of medicine that the Ayurvedist had no surgery is entirely baseless and without foundation.

A perfect, complete and full knowledge of anatomy was also a compulsory and essential pre-requisite for a student of Ayurveda. Susruta has said in the Sarira-sthan of his book that if anybody wants to attain a perfect knowledge of anatomy, he must purify a dead body and then dissect the same and acquaint himself with a fuller detail of anatomy. The knowledge that he acquires from his study of both the practical and theoretical sides of the subject, goes to the making of his knowledge in that particular subject to its fullest extent. So the study of anatomy and surgery was never neglected in the ancient universities of India. It was only during the reign of Emperor Ashoke the Great, that the study of the science of surgery fell into disuse due to his conversion to Buddhism which inculcated the doctrine of Ahimsa and prohibited the letting out of blood in any form.

The practice of surgery reached its zenith in the Vedic ages. And if anybody lost his leg, they could replace it by an iron leg. If anybody lost his teeth, they could bring them back. If anybody lost his vision, they could restore his vision. If anybody lost his nose, they could construct a new nose by cutting flesh from some other part of the body or in other words, they practised plastic surgery. All these things were done in the attached Aturalayas or hospitals attached to the universities. Lord Buddha had been treated on many occasions by physician professors of the University of Nalanda. And they possessed expert knowledge for the treatment of such difficult cases as fistula in ano, piles, stone, chronic dyspepsia, from which the disciples or Buddha often suffered.

In the field of physics and chemistry

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too, the Ayurvedic scholars made good research works. The Hindu theory of the constitution of matter, the theory of vayu, pitta and kapha, the theory of Pancha Mahabhuta, i.e., of earth, water, heat, wind and ether, the theory of the creation of the world and the human beings were all taught to the students of Ayurveda in the ancient universities of India.

The libraries of the universities were full of the manuscript copies of the works of Charaka, Susruta, Vagbhata, Dridhabala, Nagarjuna, Madhava, Bijoy Rakshit, Srikantha Dutta, Dallana, Bhattara Hari Chandra, Indu, Aruna Dutta, Chandrat, Tisat, Sarngadhar and Chakrapani, the famous authors of Ayurvedic works along with a host of others.

But as ill luck would have it, those hallowed seats of learning were totally destroyed by Iktiar, a general of Sultan Kutubuddin Ibok between 1196-1200 A.D. and the inestimable treasure-houses of science of culture were lost to the posterity for ever.

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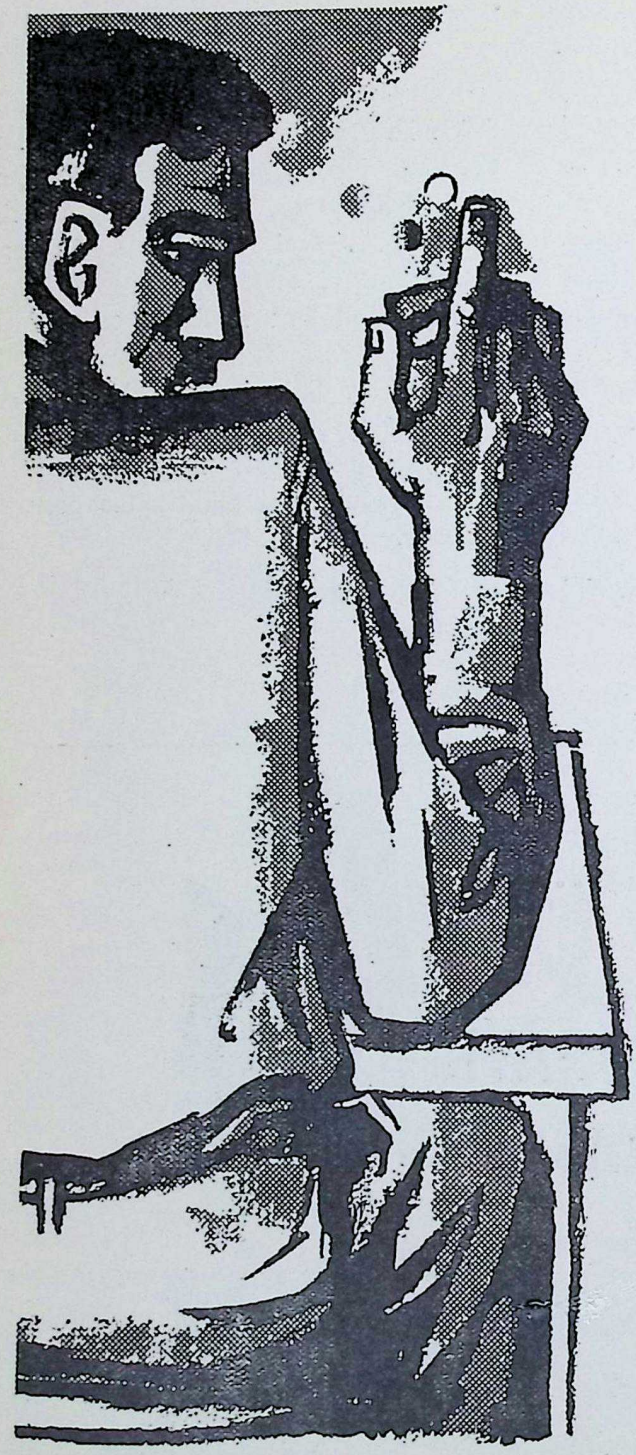

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Nutritional requirements of children

Children, like adults, require food for strength and for replacing lost energy. In childhood, there is an additional demand for food to support growth. According to Shaffer many children do not get the right kind of diet owing to parents' lack of knowledge, economic restrictions or traditional eating habits.

Serious illnesses can be prevented by making sure that children get sufficient calories and a balanced diet—which means, of course, protein, fats, carbohydrates, vitamins and minerals in the right proportions.

Shaffer (1) would consider the diet satisfactorily balanced when the calories are derived approximately as follows:

15 per cent from protein, 60 per cent from carbohydrates and 25 per cent from fat.

According to Hansen (2), fats are important as a concentrated energy reserve, physical protection for blood vessels, nerves and organs; as insulation against changes in temperature; as a vehicle for absorbing vitamins (A, D, E and K). Fats also stimulate appetite, aid satiety by delaying the emptying time of the stomach and spare protein.

Among poor class children, especially in South India, dry and rough skin is common. The condition is usually attributed to vitamin A deficiency; but the observations of Menon, Tulpule and Patwardhan (3) suggest that dietary deficiency of fat may have something to do with this abnormality.

At one time, ghee was the fat almost invariably used for cooking purposes. But today more and more people are cooking with oil, particularly with partially hydrogenated vegetable oils. Deuel (4) has shown that the hydrogenated oils used in margarine and vanaspati are as good as natural oils and butter fat in nutritive value and in aiding growth, fertility and lactation. Nhavi and Patwardhan (5) confirm this.

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Clearly, therefore, DALDA makes a valuable contribution to the middle class diet which so often lacks in such essential nutrients as fats and vitamins.

(1) Shaffer, Thomas E.—Nelson's Text-book of Pediatrics—Sixth Edn. Dec. 1954—p. 131-32
(2) Hansen, Arild E.—Nelson's Text-book of Pediatrics—Sixth Edn. Dec. 1954—p. 80
(3) Menon P.S., Tulpule P.G. and Patwardhan V.N.—Indian J. Med. Res. (1950) *38;* 173
(4) Deuel H.J.
(5) Nhavi N.G. and Patwardhan V.N.—Indian J. Med. Res. (1946) *34;* 49

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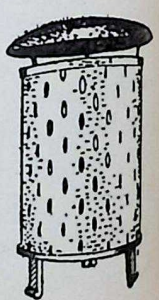

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RESEARCH IN AYURVEDA

Dr. A. Lakshmipathi, *B.A.,M.B. & C.M., Bhishagratna, President, Board for Ayurveda, Hyderabad*

Research in Ayurveda may be conducted for two different purposes. One purpose is to test and verify what has already been known to the Ayurvedic physicians, and to make the knowledge so verified, available for incorporation into modern medicine. The other purpose of Ayurvedic research is to prove the fundamental theories, which form the basis of Hindu philosophy and of Ayurveda. The research that is being conducted in India, for the last two or three generations has been, to study the active principles of some of the drugs used successfully by Ayurvedic physicians in their treatment. This kind of research may help modern medicine, but it does not help the science of Ayurveda or its followers.

For example, Punarnava is a common weed used by the Ayurvedic physicians, in the treatment of dropsy. One of the synonyms of Punarnava is 'Sophaghni'—that which cures dropsy. Sir R. N. Chopra and his team of workers at Calcutta found out that Punarnava contains Punarnavine, which cures dropsy by increasing the quantity of urine. This knowledge no doubt benefits the non-believer to confirm the value of Punarvana for himself, but to an Ayurvedic physician, who already knows the value of this drug, this research is of no use. It does not enhance his therapeutic skill. Similarly, Sarpagandha was known to contain some soothing qualities and it is being used in Ayurveda for centuries in certain diseases, such as, irritability, nervousness and insanity. It is now claimed that Sarpagandha contains some alkaloids, which have a direct effect on reducing high blood pressure. This is only one of the uses of Sarpagandha. Recently, it has been announced that the plant, which is most commonly used in the treatment of tuberculosis by the Ayurvedic physicians, namely, Vaasa, (Aadhathoda Vasika), contains a vegetable antibiotic, which does not produce non-resistant bacilli in the human body, while it cures the disease. All this kind of research is good in its own way because

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it has enhanced the reputation of Ayurveda, as a great repository of valuable drugs.

Ayurvedic Approach

It is, however, to be noted that the Ayurvedic physician does not use these drugs in the above diseases on account of their antibiotic or other properties, now attributed to them by modern scientists, but his approach to the diagnosis and treatment of disease by these drugs is quite different.

"JNAANA DEEPA PRADEEPENA
YO NAA VISATI TATVAVID
AATURASYA ANTARAATMAANAM
NA SA ROGAANS CHIKITSATI"

Ayurveda says that a physician, who cannot enter the innermost soul (Antaratma) of the patient, with the bright lamp of his intellect, cannot treat the patient's disease.

According to Ayurveda, man is not the body, but is an integrated whole, consisting of the body, the Indriyas, mind and Atma. The influence of Atma, who is the director of all the actions of the body, sometimes produces most unpredictable results.

Great importance is, therefore, given in Ayurvedic treatment, for the study and improvement of the constitution and the personality of man. Immunity to disease depends more on the constitution of man than on the nature and virulence of the microbe or any injury caused to the body. This is called in Ayurveda the satwam (compatability) and saatmyam (mental power) of every individual. These include all the physicial and psychological factors which influence the vitality of the tissues.

Ayurvedic treatment aims at the development of the patient's natural capacity for immunity against disease. For instance, a piece of teak wood, whether alive or dead, can protect itself against the attack of white ants, fungi and microbes, whereas timbers of inferior kinds are easily liable to such attack. The purpose of Ayurvedic treatment is to create such self-protection in the body, instead of attacking the enemies such as microbes and viruses by the use of powerful drugs, some of which are of doubtful value and which may injure the body while attempting to kill the enemy, that has entered the body or is about to enter.

Fundamental Theories of Ayurveda

Research in Ayurveda should, therefore, be directed to find out the truth of the fundamental theories that are responsible for the success of Ayurvedic treatment. These theories are (1) the Panchabhoota theory, (2) the theory of Trigunas (3) the theory of Tridoshas and (4) the theory Shad Rasas.

The Panchabhoota Theory

According to the Panchabhoota theory, the whole universe consists of five states of matter (not three), corresponding to the five Indriyas—the five sense-organs of man.

The five states of matter are Kshithi, Ap, Tejas, Vayu, and Akaas, which in

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combination with Atma make up the living creation. The convertibility of one state of matter into another is well known to Ayurveda.

The Theory of Trigunas

According to the theory of Trigunas, the whole universe is constituted of the three ultimate reals, called Satwa, Rajas, and Tamas, which are responsible, in the mental sphere for the harmonious, emotional and ignorant types in the behaviour of human personality respectively and in the physical sphere, for the evolution of Panchabhootas. In Ayurveda—the science of life—Vata is predominantly Rajasaika, Pitta is predominantly Satvika, and Kapha is predominantly Tamasika. These exist in all the living organisms including plants, animals and men, in different permutations and combinations.

A man with the predominance of Satwa in his nature is said to possess such qualities as self-realisation (Jnana), intelligence (Buddhi), wisdom (Medha), self-control (Dhriti), memory (Smriti), unattachment (Vairagya), truthfulness (Satyam), non-violence (Ahimsa), forbearance (Kshama), love (Maitri), freedom from greed (Aparigraha); freedom from hatred (Adwesha), fearlessness, contentment, cleanliness, living faith in God, etc. He is more or less intuitively gifted with the faculty of right perception (Yadartha Darsi) and right conduct (Yadartha Kari) and therefore, he is competent enough to discern right from wrong and as such, he is considered by others as trustworthy or infallible (Apta).

A man with a Rajasic mind has the following qualities in him, namely, lust, passion, avarice, jealousy, hatred, arrogance, hypocrisy, ferocity, cruelty, impatience, greed, indulgence in sexual pleasures etc., all leading him to foolish and feverish activities.

A man with a Tamasic mind has such qualities as ignorance, lack of intelligence, inertia, idleneness, stupor, want of faith in God, worry and anxiety and thus, he is more or less dominated by ignorance, indolence and stupidity.

A Yogi who has succeeded in transcending the Trigunas remains steady in mind and is unaffected by any emotion (Sthitaprajna). He has realised Atma (the self) by direct vision. He is said to be perfectly healthy (Swastha), which literally means "placed in the self"—Swa-Stha. To him, pleasure and pain, gold and stone are the same. In the state of Samadhi, he is capable of supernormal activities, such as, seeing through solid and opaque walls, breaking up of the atomic structure of the atoms and converting one element into another, television, telepathy etc., called Ashta Aiswaryas.

The Tridosha Theory

The three Doshas are Vata, Pitta and Kapha. They are called the three Dhatus (nutrients) in health and the three Doshas (faults) in disease. Generally speaking, Vata is responsible in the normal state for enthusiasm, inspiration and expiration, vol-

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untary actions like talking and walking, the proper circulation of the supporting elements like chyle, blood, etc., throughout the body ; Pitta is responsible for all the bio-chemical changes taking place in the body, which are responsible for vision (as opposed to perception, which is due to Vata), digestion, heat production, hunger, thirst, softness and suppleness of the body, lustre, cheerfulness and intelligence ; and Kapha is responsible for Snehanam (oiliness), smooth working of the joints, general stability of the body-build, etc.

If we compare man to an automobile engine which runs on petrol, the sparking system with all its wires and the battery may be compared to the mechanism of Vayu—the nervous system. Vayu supplies the bio-motive force—the Kriya Sakthi required by the human beings.

The combustion of petrol which supplies the heat may be compared to the action of Pitta, which is responsible for metabolism in man.

The mechanism of cooling and lubrication may be said to be analogous to that of Kapha.

The Atma in the human body is in the place of the motor driver.

It is easy for the village Vaidya and for our women in Indian homes to understand the importance of Vata, Pitta and Kapha.

The equilibrium of the constituents—Vata, Pitta and Kapha—is indispensable for the proper working of the nervous, digestive and lymphatic systems respectively. Histologically disease may be defined as the morbid interaction between the three doshas—the vitiated nutrients (Vata, Pitta and Kapha) and the cells and tissues. This is called Dosha-Dhatu-Sammoorchanam.

The Shad Rasa Theory

The theory of Shad Rasas states that the properties of medicines, articles of diet, and habits of life of the human beings (Oushadha—Anna—Vihara) depend upon their physical properties called Gunas, such as, Guru and Laghu (heavy and light, etc.), on their tastes called Rasas such as Madhura and Amla (sweet and sour, etc.), on their heating and cooling properties called Veerya, on their remote action after digestion called Vipaka and on their specific action called Prabhava.

Rasayana and Vajeekarana

Special methods of Ayurvedic treatment such as Rasayana (rejuvenation) and Vajeekarana (the use of the aphrodisiacs) still remain unexplored by modern science.

Methods of Research

The methods of research in Ayurveda may be classified as psychological, pharmacological, bio-chemical, clinical and literary, These should be carried on in a comprehensive manner by a team of several competent men, well-versed in Ayurveda, with the aid of modern scientists who should be prepared to help and assimilate Ayurveda with a sympathetic and open

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mind. Research in Ayurveda which does not take into account these theories is absolutely unscientific according to Ayurveda.

Research into the Adhyaatmica Approach of Ayurveda

Intensive research into the social, economic, ethical and spiritual approach of Ayurveda has to be conducted so as to understand the methods not only of prevention of disease but of living a healthy, happy and long life.*

Research workers in Ayurveda should remember the following eight points :—

1. That Ayurveda is the father of all medical sciences on this earth.

2. That the ideal placed before the medical man is one of charity to others. The physician's own happiness lies in his satisfaction of being helpful to all other living creatures.

"NATMAARDHAM-NAAPIKAA-
MAARDHAM ADHABHOOTA
DAYAAM-PRATI"

(Cha. Chi. 14-59.)

3. Even in these days of advanced scientific progress Ayurveda has much to teach the most advanced scientists. Even in the interest of modern sciences, Sanskrit and the existing Ayurvedic scholars should be encouraged.

4. The system of Gurukula teaching, which provided for the proverbial and universal literacy of the ancient Hindus, has to be revived and extended to Ayurvedic students so as to suit modern conditions.

5. It is the duty of the State to give every opportunity for the development of this national art, science and industry, which is responsible for many of the special features in the civilisation of this country.

6. All our attempts for improvement should be to supplement Ayurveda but not supplant it by the introduction of theories which are antagonistic to the basic and fundamental principles of Ayurveda, of remedies, which are daily introduced into the market by booming advertisements of large vested interests and found to be only ephemeral (short-lived).

7. Ayurveda has lived long enough to withstand many severe tests of modern science and will continue to live and shine brighter through contacts with the western science and grow stronger.

8. Though old, Ayurveda is ever new "PURAANAMAPI PUNARNAVAM" Charka—Siddhistaana.

*(Dharma, Artha, Kama and Moksha)

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Chain-pulling has a chain reaction...

What happens when you throw a stone into a pool ? From the point of impact the agitated water moves away in ever-widening circles to the remote banks. Much like this is the consequence of a careless pull on the alarm chain of a train. It not only brings that particular train to a stop, but also whole rows of trains behind it. This means inconvenience to both passengers and the railway administration, and the loss in terms of money is borne by the public exchequer. The ordinary citizen, quite unconnected with the incident, has thus to bear part of it.

EASTERN RAILWAY

* The alarm chain is an emergency device never to be used lightly.

ER/PA/ D

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NECESSITY OF RESEARCH IN AYURVEDA

Shri Vishwa Nath Dwivedi, *B.A., Ayurveda Shnstracharya, B.H.U., Profesor, Dravyaguna Vigyan, Post-Graduate Training Centre in Ayurveda*

I am very happy to learn that Nagarjun is going to launch an Ayurvedic Research campaign in the shape of a Research Institute for the revival of Ayurveda and to convince the modern scientific world and to introduce it before the men of medical profession who are quite ignorant about the scientific views of Ayurveda and are eager to learn something from this science of life.

As their concept of an institution which will be a combination of a Post-Graduate College, a Post-Graduate Research Institute and Fundamental research Institute which is expressed in the blue-print it is a paramount matter of importance for consideration. I will suggest a few valuable points as a term "Research" in Ayurveda and its place in the domain of medical kingdom.

It is a well-known fact that Ayurveda is the science of life which teaches methods of prolonging life, prevention from diseases and cure of ailments in the course one's of life-span. This was discussed, tested, and unchangable theories were evolved about 2000 B.C., when there was not a single system of medicine in any part of the globe.

These principles were tested from time to time and various new additions were made and even nowadays it is distributing its blessing to a population of more than 80% of the country.

The need of research now appears, on account of the peculiar conditions of the vaidyas who have inherited this from their ancestors and are calling themselves the owners of this science, but at the same time they are not proclaiming the same principles that Ayurveda says but are reciting them in their own ways, which gives chance to raise doubt among the general educated public and in the field of modern medical practitioners, who are now dominating in the field of modern medical practitioners, as also in the field of medical and health services of this country.

At this juncture it is a special responsibility of all the educated physicians of Ayurveda to re-establish the same faith about this science which is now stagnant for about a thousand years.

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Ayurveda possesses a valuable store of magic remedies against diseases which are now under investigation by the modern medical men. At the time of so-called all-round awakening and various researches all over the world, when crores of rupees are being spent, there are no remedies for various diseases such as at Rheumatism, Ascitis, Tuberculosis, Samgra Grahani, Leucoderma, Leprosy, Cancer, Diabetes and other diseases which are destroying mercilessly the human life. They are quite ignorant about the life-promoting science (Rasayan) and regenerating method without which national life is in danger and life-span is being reduced day by day. Ayurveda discovered it since so many thousands of years but these people are not using it because it is an old science.

At the time of the present all-round awakening when then National Government is functioning and when even the small cottage industries are going to develop and nationality is resurgent, every leader talks of Bharatiya Samskriti, i.e., civilisation and culture, Ayurveda is thought not to be a matter of consideration by them and our doctor brothers do not want to learn and take special medicines from it but are always calling it bad names and looking towards the West for their help and are idle while valuable precious diamonds are lying unused which are their own. So it is time to promote such a pronounced method of this national system of medicine which can enlighten the whole medical world. This can only be achieved by research and research alone which is the only way to convince the educated world.

The concept of research is welcome which is going to be launched but it is not an easy task to be undertaken by only one party or institution; such institutions must be established in each and every State by the Government or the Pharmaceutical Companies which are taking full advantage of this system. Still I will stress my own views which may help the cause.

1. Research in various aspects is necessary in this system because the progress of this practical science was stagnant for so many years and its principles are scattered here and there. So I humbly suggest first of all the following points :—
   (a) Literary Research :—
   To establish a Board of Editors which is quite essential now-a-days which will take up the two-fold work (1) to publish a standard magazine and (2) to publish standard literature for undergraduate colleges in the shape of text books.
   (b) To demonstrate basic principles of Ayurveda and its concepts before the world as it is necessary to consolidate their functions and demonstration which are not yet clear in our vaidyas. Some one is interpreting it in one way while others in another way. So to remove this ambiguity it is now worthwhile for Ayurvedists

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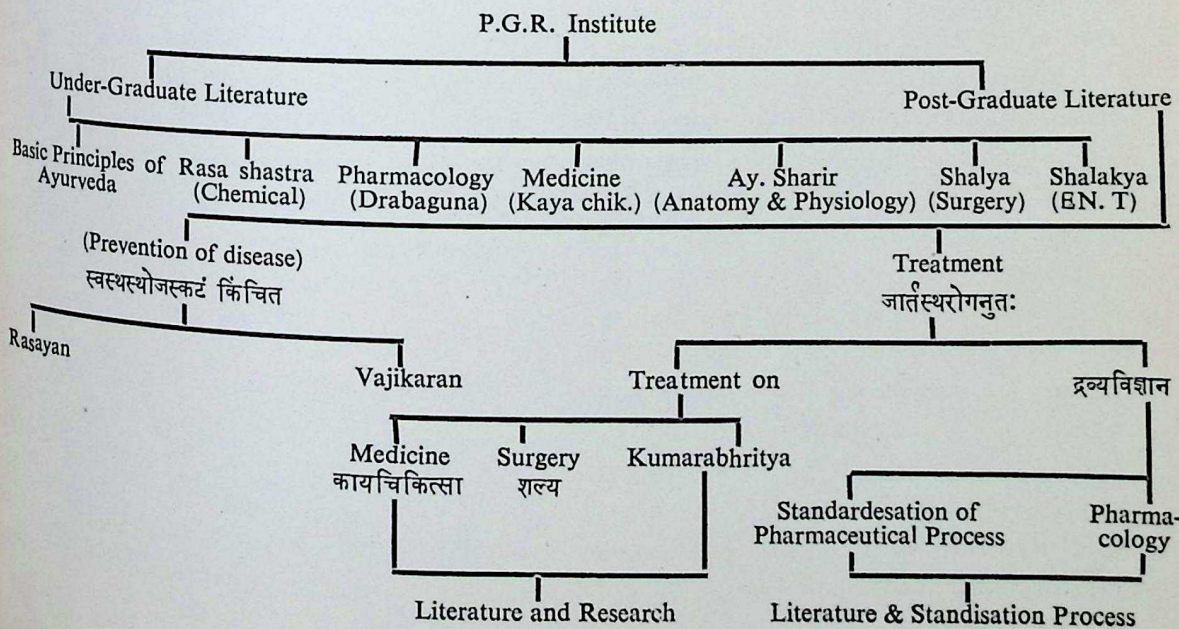
to put forth the actual and proper solid literary matters so that both the teachers and taught may not go stray and may serve the purpose of torch-bearers for others who want to learn this science. This only can be done by the Board of Editors, who are quite expert in the various branches of Ayurveda.

2. This Board will stress on the following points along with others.
   (a) All Ayurvedic literatures, old and new, published and unpublished should be collected, kept and arranged in order, so as to enable the research workers and other scholars to study them easily.
   (b) To classify the original literature, subjectwise leaving aside the repetitions.
   (c) To classify the subject matters, selected from the compilation leaving aside the repetitions with the references of annotators and compilers.
3. Post-Graduate research institute :— As in Ayurvedic literature there is no demarcation line between Undergraduate and Post-Graduate training it is quite necessary to draw the functional outline about this institute. It should take up mainly two-fold work as :—To produce Undergraduate and Post-Graduate literature (2) to evolve Ayurvedic clinical methods and researches on Ashtang Ayurved. In short, in the following way this can be laid down :—



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For this work the institution has to collect Ayurvedic literature from other Indian literatures such as, the Vedas, Upanishadas, Puranas, Bhagbat, Darshanas, Jyotish shastra, Dharma shastra, Nilishastra, Tantra shastra, Mantra shastras. Jain and Bauddha granthas and classify them according to subjects. This has also to work as :—

(a) To enrich the previously collected literature from other similar literatures.

(b) To prepare an Ayurvedic encyclopedia containing derivations, history, original reference, connotation references, ancient and modern interpretation and unani manufacture and modern etc. in Hindi and other current languages.

(c) to ascertain the functions of technical terms used in Ayurvedic and other Indian literatures.

(d) To clarify different ambiguous terms according to their context.

(f) To restrict the meaning of technical terms to bring uniformity in the preparation of further literature of Ayurvedic General Research.

As we have to work all round in Ashtang Ayurveda we have to go through a general research in each branch of Ayurveda. For this a 100-bed hospital will not serve the purpose and will not be enough, but a 250-bed hospital will at present be necessary. All Ayurvedic single as well as compound drugs should be tried here to reestablish their original value.

As for clinical research one should think about the originality of Ayurvedic clinical methods and at the time of this research he has to stress on himself following points : (1) Accurate diagnosis (2) Right treatment.

As for diagnosis he should go throuh (1) Roupariksha (2) Rogpariksha or investigation of disease according to shastras. So (1) Pramantrya (Anuman-Agam-Pratyaksh) (2) Panchendriya Pariksha, (3) Prashna Pariksha, (4) Panch Lakshana (5) Aststhan Pariksha-Dashvidh Pariksha-Dwadashardh Pariksha, Angapratyang Pariksha, (urdva, Ado-Madhyang Pariksha-Kashanga Dosh-Dushya Pariksha) etc., and Nadi Pariksha. Besides this he has to be careful about साध्यासाध्य (Prognosis).

Treatment—According to Anishansk Kalpna Physician should prescribe the drugs-Paklya-Bihar etc.

So this institution will serve properly for Ayurveda and literature side also will advance on the basis of this all universal brotherhood.

As you know Ayurveda always teaches universal brotherhood there is no harm to welcome any one who wants to learn this. Besides this Ayurveda says that

यश्चान्योऽपि कश्चिद्वेदार्थादविपरीतः परीक्षकैः प्रणीतः
शिष्टानुमतो लोकानुग्रह-प्रवृत्तः शास्त्र-वादः स चाऽऽगमः
(च. सू. ११-२७)।

एतच्च कार्यं, एवं भूयश्च वृतसौष्ठवमननुसृयता परेभ्योऽप्यागमयितव्यं कृतस्नो हि लोको बुद्धिमतामाचार्थः। शत्रुश्चाबुद्धिमताम्, अतश्चाभिसमीक्ष्य बुद्धिमताऽमित्रस्यापि धर्म्यं

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यशस्यमायुष्यं पौष्टिकं लोकमभ्युपदिशतो वचः श्रोतव्यमनु विधातव्यं चेति ।

(च. वि. ८–१२)

So, knowledge from whatever source should be welcome if it is verified, proved and accepted by genuine thinkers as beneficial to human life. Ayurvedic knowledge is not the privilege of any system. We should also try to help the suffering humanity by our service. I am specially attached to Pharmacology of Ayurveda. I felt that Pharmacological terms are more than 2000 in number in Charak, Shushrut and Bagbhata Sanhitas. When I first compiled and classified them I knew that there are various terms which are quite new for modern the Pharmacologist and if we find out the proper value of these drugs history medicine will again term to a new mold. The whole world is now in distress. There is no remedy against various diseases and if our work will prove beneficial, the whole world will be convinced by Ayurved. As Rowlfia Surpentina and Rudantic makes its history it is Sahdevi will prove cure for Filaria, Tubrak for Diabetes, Jatamansi, Katablic for Epilepsy, Puskarmool for sevas and so on. General Health of the Indian public is going to be reduced every day, life is going to be shortened every year, Phthisis is destroying human life mercilessly. So Shatlrsya Nagbala, will be dcclared to help them and cure and Ayurveda will get its original place in the domain of medicine. Let Indian doctors hate it. One day such a time will come when the western medical world along with the Ayurvedist will appreciate Ayurvedic remedies and then these men of letters who are always depending on western investigation will come to know of the hidden treasure of Ayurvedic medicine.

One again let me say that your institution will be a beneficial source for humanity.

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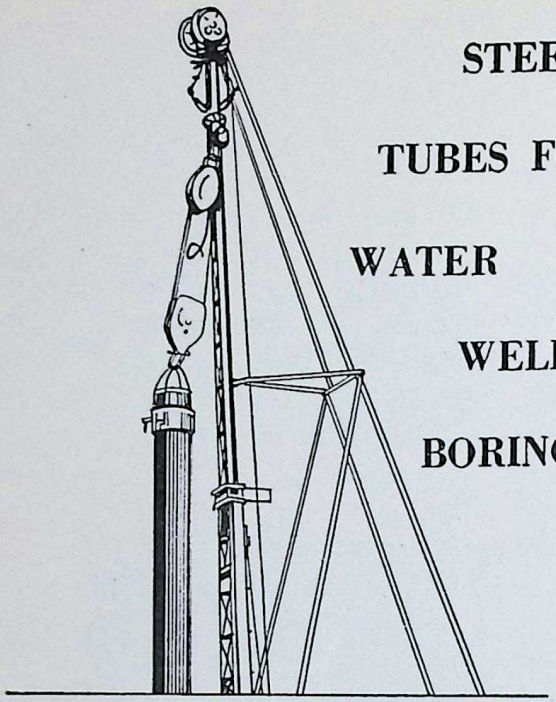

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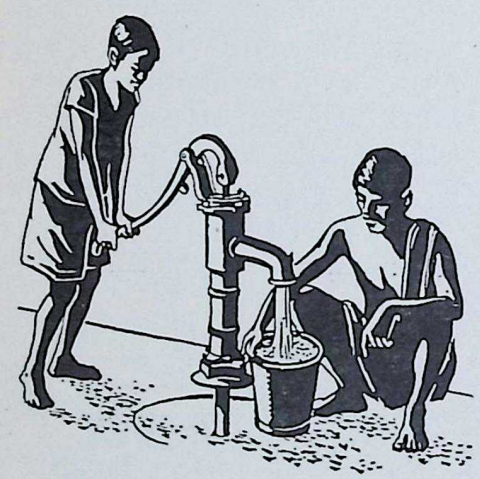

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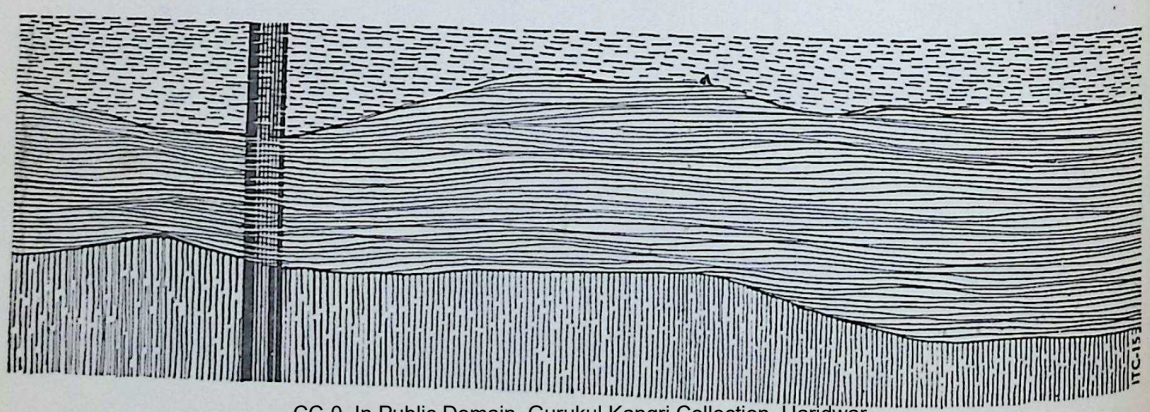

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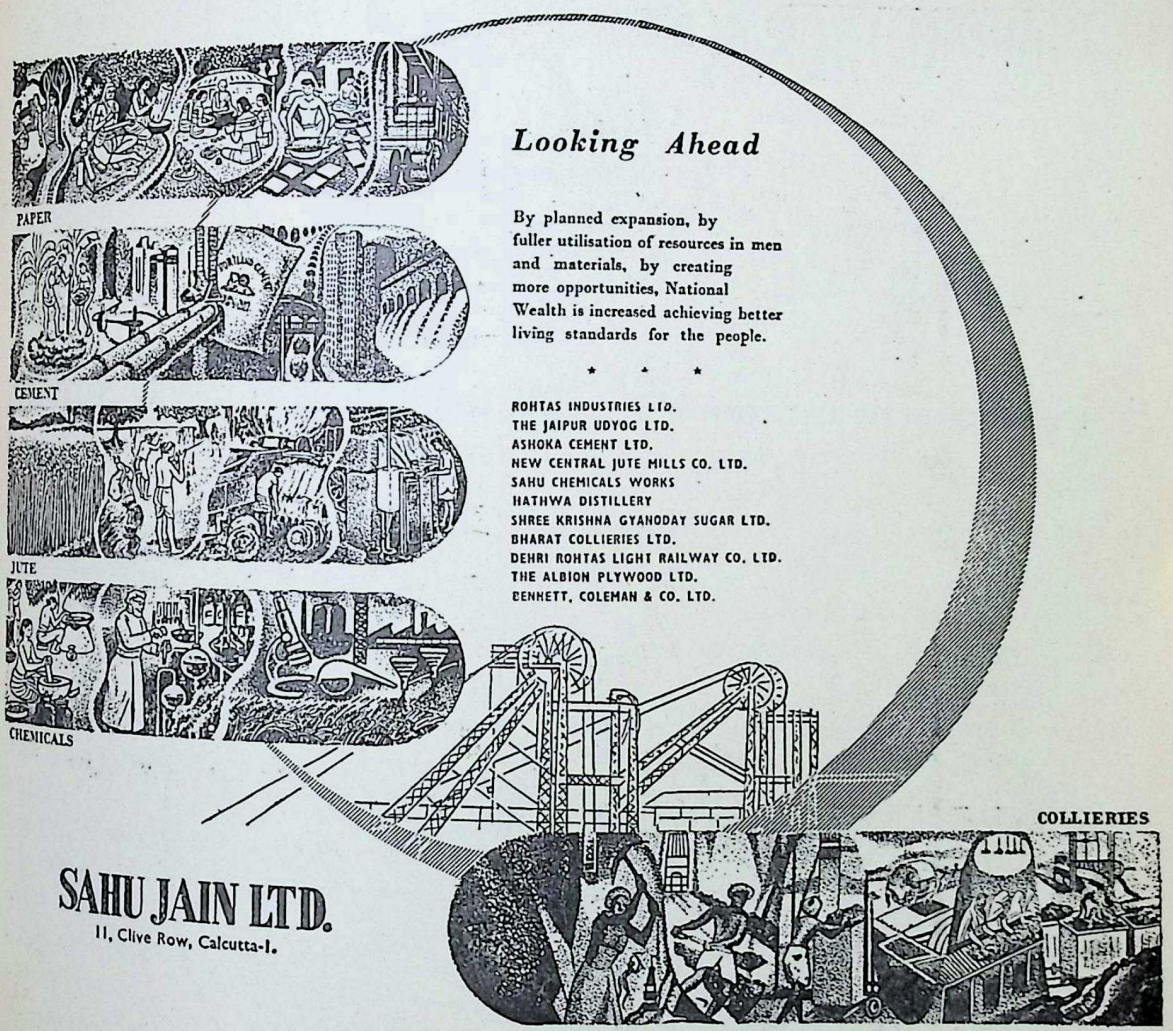

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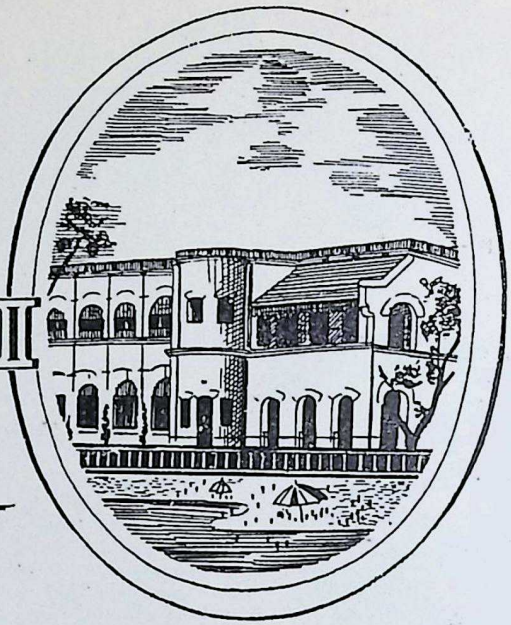

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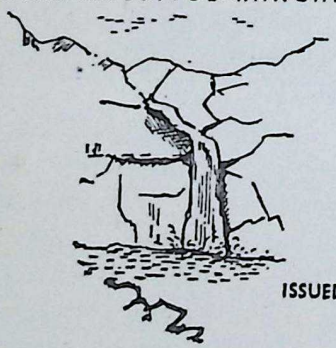

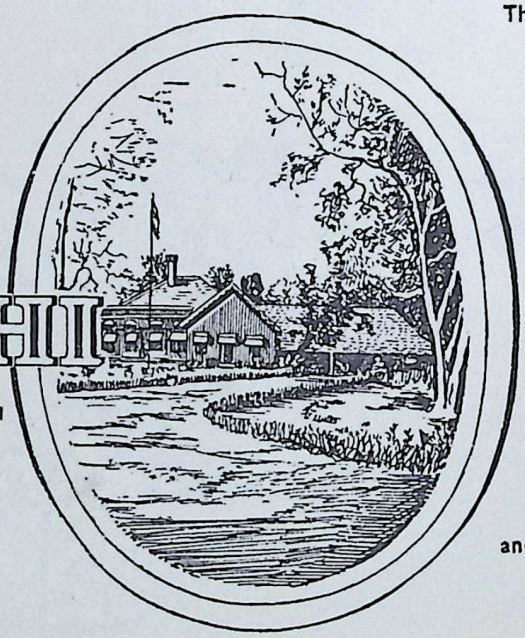

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RESEARCH IN AYURVEDA

D. Rangacharyulu, *Principal, Sri Ram Mohan Ayurvedic College, Guntur-2*

It is not possible to deal with this vast subject exhaustively in a short article touching its various phases. Ayurveda is a sastra and also a veda. A sastra is that which imposes laws and rules to its followers. There are six sastras :—They are Dharma (Nyaya), Vyakarana, Tarka, Jyotisha, Vaidya and Meemamsa. Dharma Sastra deals with the origin of this Universe and the laws to control various sections of the universe. There are very many opinions regarding the cause and formation of this universe. Kanada's Nyayasastra deals with Anusiddhanta, while Vyseshika dharma speaks of Tatwas. There are also various Dharma Sastras that speak of the subject. There are also sastras on dharma that deal with ways of life of the humanity, like Gautama Dharma Sutra, Parasara, Manu Dharma Sastra, etc.

Vyakarana is a subject that restricts sabda or vocabulary while Tarka is a subject matter that imposes logic or rationalism to govern the thoughts of the learned. Vaidya Sastra is that which imposes laws and rules to guide the life of the universe while Jyotisha is that which links the relationship of this universe or mundane world to the higher planes, (planets) that control it, at every step. Meemamsa is a science that establishes and pronounces decisions over all these laws. As all these six sastras are to guide the whole universe by imposing laws and rules ; so they are very important.

There are also minor sastras like Artha, Kama . etc. and there are sixty-four Kalas or technics which control several acts essentially followed by professional people for their livelihood. Even gambling and robbery are included in the list of this technical group.

Among the above six important sastras Vaidya Sastra is the most conspicuous and vital. He who masters it shall be acquainted with the other five sastras. Unless he has some knowledge of all these sastras he cannot understand his own science thoroughly. To have a knowledge of the origin of

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this universe and its proper formation with all its various constituents with which individuals are built up, there is necessity for him to study Nyaya. To understand the peculiar wording and composition besides for having an insight in the hidden meaning of the sutras, he shall have some knowledge of Vyakarana. To descriminate the right from the wrong, he must be acquainted with logic or Tarka. To come to a decision and to establish any truth he must also study Meemamsa. For the treatment of cases and collection of herbs and drugs, unless he knows the planetary influence over the plants and the human beings, he cannot be a successful practitioner. Hence he has the necessity of studying something about Jyotisha. That is why the word 'Vydya' is one of the thousand names of Vishnu (the Almighty). There is a popular saying as 'Vydyo Narayano Hari', which means the doctor who is beaming with all wisdom (Naya-Iyana) is the bed of all knowledge and he is also 'Hari' because he removes and relieves bodily and mental ailments and makes provision for the better evolution.

Ayurveda is not only a sastra, but also a veda. All the above sastras are based on the knowledge of Pratyaksha (observation), Anumana (inference), Upamana (similarity), and Aptavachana (authority). The knowledge gained by these means is subject to alteration from time to time but not finally established. As Ayurveda is an Upaveda, the knowledge therein is eternal. This knowledge is as old as the universe. It is not a knowledge learnt through experience alone which may be subject to pits and falls. Unless Vedic knowledge is in existence the Universe cannot thrive and develop. We are to gather and know the Vedic knowledge which is eternal. On the laws and rules of wisdom the whole universe revolves, evolves, thrives and develops.

The knowledge obtained from Ayurveda is bound to be free from all these tests as these tests shall be included in it. If you cannot reason out, explain or prove anything contained in it, the mistake lies in you for the shallowness of your knowledge but not in the knowledge therein contained. You cannot induce it but you can deduce anything from it if you are dexterous and up-to-date.

By so saying, I am not so imprudent as to say that there shall be no research in the subject. Research is not reformation. It is after all throwing search-light on the subject from time to time to observe and understand, if it fulfils the present needs of the times in the process of the walk of the universe. Such a view is always healthy and beneficial as it produces satisfaction to the practitioner and infuses hope into the public. I can even say such a step is indispensable.

According to the modern view there are certain subjects which are only sciences and there are some which are both arts and sciences. Medicine is declared to be both an art and science, so also Ayurveda. Before actually entering into the subject, let us discuss on what lines the research-work shall be carried on.

1. Research on any subject shall be

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carried on its original course of development. To make this easily understood it requires a little elaboration. When the aim of Ayurveda is attainment of purushardhams and finally Moksha or better evolution, and if attempts are made for thri-vargas only and to seek the worldly pleasures and to live as brutes with brutal force only, such a research is injurious and erroneous.

2. Research shall be made in co-ordination with the fundamental principles on which the system is based. Every attempt in this subject shall be in coordination with and adherence to the principles and the lines of thought on which it has been progressing. Any deviation from this path brings about not only contra-indicated results but complete perversion of the science. For instance, while a system of medicine is for the unity of cause and treatment, and for the elimination of toxœmia, attempts of research are being made for diversity of causes and their treatment and for inhibition or suppression of toxoemia such a research work is detrimental to the very foundation of this system.

3. When the scope of the system is far wider and if the research work is carried on with a narrow view, it cannot be for the progress of the science. The meaning of the word, Ayurveda, is the science of life. Hence it has a claim over all other systems of medicine, beneficial for the ailing humanity. Hence Ayurvedic science can assimilate all such similar systems in vogue, that will not deviate from the main paths. Similarly, the scope of Ayurveda is wider in recognition of drugs and herbs. It is not restricted to pick up drugs from a particular zone or country. All are Ayurvedic, because according to the principles of this system, the whole universe is divided into three clear zones, such as Anupa, Jangala and Sadharana. Hence all drugs grown in the universe are his own to the scientist. It is further said :—

जगत्येव मनोपधम्, नकिन्चिदिनद्यते द्रव्यम् वशन्नानार्थ–योगयोः ॥

which means that every product and material in this wide universe has medicinal properties. From sand to diamond and poison to nectar all have their usage in the treatment of medicine. But their technique shall be acquired by the practitioner. Thereby to presume that Asoka is indigenous and Viburnam which is also equally useful in the treatment of Gynocological cases, is foreign, is a false idea. If we are able to grasp the right usage of any drug and that a particular drug is a specific for a certain disease in the right possible way in adherence to the Ayurvedic principles, the system has jurisdiction over it.

4. The research work carried out shall be conducted in accordance with the peculiar traditions followed since time immemorial. If it is not so conducted the results will be otherwise. When the drugs used in preparation of medicines are to be used after purification process only, if the crude ones are prepared as medicines and extracts after the manner of allopathic medicines without paying any heed to

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such process, the desired effect cannot be produced. So also when a certain herb is to be secured at a particular hour and in a particular manner and when it is somehow secured and utilised in the medicinal preparation without any consideration to the planetary influences over the drug, the research conductcd thus cannot have any beneficial effect.

5. Scholars that conduct research work shall be aware of, and educated in, the up-to-date implements and different systems of healing in vogue, with a fair knowledge of their usage in the field of medicine. His main duty is to see that the remedial agents produce permanent results without any side-effects and are used on the lines of Ayurvedic principles. But he shall not be conservative and shall possess an accommodative spirit.

6. The research work shall be aimed at the better evolution of the humanity and eradicating the sufferings of the ailings and finally his attempts shall be eclectic in character.

Having laid down a few aims and axioms in conducting research work, let us go back and see if any such work has previously been done in this respect in the field of Ayurvedic Science at any time. If we go back from the Vedic literature to the age of the Samhita of Atreya (Charaka), we can observe much improvements have been made in the introduction more of 'Yuktivyapasraya chikitsa' while more stress has been laid on 'Daivavyapasraya chikitsa' in the Vedic medicine. When we proceed from that age to the period of Divodasa (Susruta) and make keen observations in the therapeutics mentioned in Susruta, we can notice the wonderful development not only in Surgery, Salya and Salakya treatment in their practice, but most rational and practical suggestions which are eternal truths, unknown to the modern surgery. There are also very many peculiar measures that may be observed in these texts to prevent the spread of epidemics and endemics. If we further proceed into the age of Vagbhata we do not fail to observe that the system of Ayurveda is carefully systematised and abridged with very many improvements on the side of all angas, besides the usage of mineral products in the treatment of diseases. At this period or even before that, there was a keen competition with Grecian Medicine and their preparations which were made up of crude minerals, which by their stimulation produce quicker results. Though their preparations gave speedy and temporary relief, except the laity, civilians and the learned did not resort to it as most of the states patronised the national medicine. On the other hand, the Greeks in their short stay failed to grasp the scientific aspects of theories and traditions of Ayurvedic medicines, but carried away only a few notions about the tridosha theory, which they termed as the humoral theory and some important drugs and herbs without their proper technical knowledge and developed their medicine in the West.

Here in our country, carried away by the speedy relief, the ignorant laity resorted to the Greecian medicine.

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To overcome this danger of unhealthy competition with a foreign medicine, Saiva school of thought (Nagarjuna school) formulated mercurial preparations, which assimilated the mineral preparations without much deviation from the original principles of Ayurveda. The Nagarjuna school of thought along with ancient preparations and without losing sight of the most important traditions and principles, thrived and completely wiped out the foreign medicine, newly inducted with the strong patronage of the rulers of the day. The text books written in that period show the usage of mineral preparations as well as all the important Ayurvedic Medicines with strict adherence to the Ayurvedic principles. It is at this stage that our medical science was propagated into the foreign lands along with Buddhism.

Even after the conquest of our land by the Muslims, though the Unani medicine had succeeded in winning the state patronage, Ayurvedic medicine was progressing side by side in some corner of the country under the patronage of the native rulers. It is during the Mahamadan period, that some books on Indian Medicine were written. Even after the advent of the French and the British, the authors of Bhavaprakash, Yogaratnakara, Vaidya Chintamani etc. improved their texts with a number of new preparations invented during their time, besides expounding therapeutical values of some foreign drugs, like coffee, tea etc. and even dealt with the treatment of a few peculiar diseases like Upadamsa, Phirangaroga (syphilis) etc.

It is not my lot to trace the developments made in all books written in any period in this short article. But the fact I wish to point out is, that inspite of foreign domination and of odds, attempts have been made in the direction of research work on the Ayurvedic side.

Therefore, no sane and learned scholar of Ayurveda denies the need of research at any stage. Further, the research work carried out shall be to convince the trend of thought prevailing among both the scholars of the day and the ruling majority, as without the patronage of the state and the public, however effective the system be, it cannot develop and flourish. But on the other hand, it may fade away gradually.

At present, being bewildered by the painted pomps of the so-called modern science and hypnotised under the spell of the temporary attractive foreign medicine, undue respect is being shown to it despite its fallacies. Further, there is international reputation for their system of healing though it is impotent to produce the desired results at every stage. The state, too, clings to it and extends its patronage wittingly or unwittingly. Hence the fate of the present Ayurvedic scholars is to strive hard to bring about psychological conversion in the minds of the public which are fed on the unhealthy foreign ideas.

The Government as also the present great international scientists are not fully aware of the excellence of this ancient system and its superiority over the one they patronise. However our system is based on very sound scientific lines and

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indigenous be, if there are no convincing propositions or thoughts in our system and not potent enough to withstand the competition in the field of practice, there can be no practical encouragement or patronage on that score alone. Therefore, it is our bounden duty to prove that we are not lacking in any way with the required equipment and on the other hand that our equipments are sounder and can withstand any competition. To do this job, it is our duty to rewrite the old commentaries on Sutras or laws on the lines of thought that prevail in the present day, as the old ones were suited to the aptitude of the people for the time being. Unless it is so done the present world cannot understand and respect you at all. By so doing, you do not bring any new science. By explaining your science to a circle which can follow you easily when it is taught in the language known to them, the excellence of our science is proved and we can succeed in securing the patronage of the present-day scholars and the public.

On the other hand, if that circle is convinced and a forced conversion is brought about in their minds, our opponents may be vanquished because we have the support from the learned scholars of the day and the public who may have grapsed at least some of the important ideas contained in our system. Thus Government may shake off its apathetic disposition and make a move to extend its real patronage in our direction. As the key positions are in the hands of such circle, without any effort to convince them, no success can be obtained. Hence our foremost consideration shall be in the above direction. Further, I may add that the present-day student-population is under the spell of modern scientific thought and bows down to the foreign mentality.

One of the teaching axioms is to teach from the known to the unknown. The present thought (so-called modern thought) is known and the oriental thought is unknown. Therefore, our teaching shall be based on the knowledge known to them. Unless what we teach is convincing to them, they cannot be sincere to us and be on our side. That is why, the why of every Sutra shall be rewritten in the light of the uptodate knowledge of sciences on which they are brought up.

I would have gladly quoted a few sutras and demonstrate them, but the scope of the article does not permit me.

The next consideration is about Sodhana Karmas. It is a very important matter. Sodhanakarma is otherwise called treatment by elimination of doshas or toxins, which is quite essential in treatment of all diseases. We have to consider very deeply if we can take advantage of the modern implements meant and developed for this purpose and advanced remedial agents and methods available in conduction of sodhana treatment chalked down in consideration of the needs of the present age. Here I may discuss more elaborately, taking up each of the Karmas.

1. VASTI KARMA :—There are about two hundred Kalpas though the main

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being two only, namely Anuvasana and Niruha. The development of modern medicine in this direction is nothing when compared to Ayurvedic, but the implements they have developed in this direction are very many and most useful. There is no Ayurvedic treatment for any disease without vasti, with a peculiar Kalpa for the same. The variety of applications in Naturopathy or Modern medicine are handful. They are simple enemata, high colon irrigation, small enemas, absorption enemas, rectal feeding etc. Naturopaths have gone to the extent of enemas with herbal decortations (Niruha) emulsions with Castor oil (Anuvasavasti).

But we surpass them in this respect. But the device made for their application, they have introduced syringes, enema cans, bulbs, cascades etc. Why can we not make use of these appliances, if we find them to be advantageous ? Can anyone prove that it is injurious to make use of them and insist on the same old oxen bladders with bamboo sticks which were in vogue before the invention of these models ? There are also a few scientific proposals in the conduction of enemas for irrigation which are equally beneficial and in coordination with our fundamentals. Can there be any harm in adopting them ? So also, there are numerous Kalpas for Vamana (emetic purpose) with guiding principles for their followers. Is it not advantageous to make use of stomach wash methods with lavages and stomach tube with most successful results, of course, conducting the same without being oblivious of the principles enumerated in the text books ? Likewise, adhering to the guiding principles contained in Ayurveda in conducting fourteen kinds of Swedanas, is it not beneficial to adopt or make use of the present developments in this respect such as Turkish bath, Russian bath, Electric cabinet, dry hot packs etc. which are more suited to the presentday needs ? Similarly making use of our preparations of Nasya Kalpas, is there any objection to using the modern implements like Nasal douches, spray instruments etc. ?

As regards Virechana, we have a number of Kalpas which are far superior to any one of the modern puragatives. But if there are a few which are of appreciable utility like yellow lax in Homeopathy, are they forbidden ones ? Inspite of tall talks in modern medicine, no attempt is made until now in the direction of Sirovasti from which wonderful results may be produced in the cases of Urdhwanga ; nor is the modern medicine aware of the technique of Anjanas which are unrivalled in the treatment of Apasmara and Unmada ?

In the direction of conducting Sechana treatment, though Dhara treatment with various Kalpas is unknown to modern science, we cannot lose sight of the new developments made in this direction by way of affusions, gushes, shower baths, spray baths, blood washing method etc. with up-to-date implements devised for each. As regards Blood letting or phlebotomy, our technique is quite rational and can be conducted without any mishap. The

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principles and fundamentals expounded in this direction shall be carefully studied by the modern scientist who may unwittingly commit some havoc owing to ignorance of the realistic technique missing in their text books, for their technique does not possess the required guiding principles in its conduction. So also what is missing in the technique of venisection has been missing in the technique of teaching, cupping etc. Therefore, it is high time for the modern scientist to study the golden guiding principles of Ayurveda pertaining to surgery, E.N.T. diseases etc. My advice for the followers of Ayurveda is to make a careful study of the modern development of surgery etc. and not to hesitate to use the uptodate implements. Coming to Avagahanas where is the herm in following scientifically developed principles of hydrotherapy, giving wider scope for various kalpas in treatment of diseases ? Going to Surgery I cannot miss in pronouncing that there is not degradation in adopting the present-day anaesthetics or utilising up-to-date appliances and the wonderful technics developed recently, observing all the precautions and oriental traditions expounded as guiding principles. Of course we shall not feel ashamed to admit that that our art of surgery has been forgotten long ago during the age of Buddhist rulers and fallen into the hands of the attendants of surgeons. That is why we can now observe that the remnants of surgical treatment condescended from the hereditary attendants of surgeons in a very crude way. It is high time for us to revive surgery on Ayurvedic lines. With regard to caustics or Kshara Kalpas the fine principles of Ayurveda in introducing them internally in the treatment of Gulmas, Udara, Raktapitta etc. are beyond the conception of the Western scientists nor shall we hesitate in using some of their caustics, found to be useful. In treatment of cauterisation or Agnidagdha, we must admit that the uptodate electric cauterisers, high frequency rays, ionization measures, radium etc. shall be substituted for old ones whenever such treatment is found absolutely necessary besides following over-guiding principles before and after the operation. Coming to langhana or fasting treatment, the presentday naturopaths are advanced to a certain extent and formulated a number of guiding principles of using this method as an exclusive treatment but we cannot be so enamoured of this because we can only utilise this method wherever it has its place in our system with necessary caution given therein. Going to Brimhana treatment which is termed as strengthening or hardening treatment there are some useful measures adopted by the naturopaths. We can just examine them and follow if they are found useful.

Tarpana treatment is intended to satisfy the system or constitution filling up deficiencies. Saktu which is rich with all varieties of Vitamin B together with ghee rich with A and D vitamins and honey has been deemed to be a source to fill up the gap ; that is why saktu is called Tarpana that which satisfies. Hence there may not be any difficulty in examining

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the vitamin theory and to adopt if their preparations are suited to our conditions. So also we must establish the peculiarity of Sodhana treatment over the so-called elimination measures of naturopaths Dealing with Daivavyapasraya, at present it is neglected while much attention is being paid in this direction in the materialstic western countries like America. They are reaping wonderful results in the practice of the science of Christian healing, personal magnetism, magic cure, etc. Our theories and art are unrivalled and was far developed long ago even during the Vedic age.

We have to pick up and declare the scientific truths hidden in the treasures of Daivavyapasraya methods like Bali, Japa, Mani, Mantra, Homa, Aushadha, etc.

In consideration of Satwapajaya treatment, wonders are achieved in following the suggestions expounded in this direction in cases of raktapitta, rajayakshma, chronic fevers, etc. At the same time we cannot lose sight of the uptodate developments made in psychotherapy, mental and metaphysical healing, auto suggestion etc. We must carefully study both the modern and the ancient views and try to assimilate the right ones. As regards diet and its importance, inspite of the tall claims made by the westerners, our dietetic measures are far superior and cost less. The different fruits, vegetables, articles of food enumerated in the western dietology are in no way suited to us and they are not aware of our foodstuffs and their dietetic value.

Hence there is a great need to formulate a separate dietology for the utility of our oriental countries. Medicated Ghee is a special technic unknown and never dreamt of by the modern scientists, more in case of mental and nervous disorders. Ghee preserved for centuries and decades works wonders when it is orally given, sniffed or smelt. These ghees work as medicines, feeders, neutralisers, etc. When they are preserved and used, the lost nervous tissues, and the grey matter in the brain (majja) develop by leaps and bounds and the recovery of the patient is speedy. Any amount of research is required in this direction.

Kritannas or medicated food stuffs expounded in Ayurveda, are very valuable. Most of them cannot be prepared by individuals alone. Unless the benefits of the most useful Kritannas and their composition, technic of preparation and beneficial effects are made known to the public, nobody ventures to undertake the job of supplying these foods for invalids. Therefore, research workers shall pick up very useful Ayurvedic foodstuffs, useful for the patients and *start* their excellence over the present food-stuffs available in the market. Coming to the manufacture of medicine there are many points for consideration.

1. Some of the drugs prescribed in the texts are becoming rare, some cannot be traced, some are not at all available. Their substitutes shall be discerned or new prescriptions shall be chalked out.

The measurements mentioned for the preparation of medicines are out of date. There will be no harm to fix the present

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equivalents to these of the ancient ones. The drugs grown in the different parts of the country have different medicinal values. For manufacturing medicines of various kinds, we must determine what particular drug, secured from what particular place, should be used. There are very easy preparations of Bhasmas that stand and satisfy all tests but the effective type shall be demonstrated and picked up. The chemical action of drugs and medicines shall be arrived at in the light of modern science and their effects be judged in the same light. So also the physiological actions and reactions shall be arrived at in the light of the present-day sciences and the efficacy of each medicine shall be established.

As regards various *animal prodcuts* found useful in the treatment of a number of cases, their property and utility shall be stated. In my opinion such products are far superior to the preparations of endocrine preparations for which crores of rupees are wasted on the threshold of vivisection theatre. In cases of loss of blood (Hæmorrhages) raktapitta etc. instead of human blood, blood, soups and blood preparations of various animals and birds, suggested in the ancient text-books are quite agreeable without any bad effects, for, we see untoward effect by human blood banks. It will be easier and safer to rear and breed all such animals and birds, creating their natural environmental conditions. Any amount of attention shall be paid in this direction. Exclusive and special treatments are enumerated nowadays like lemon cure for gout, grape cure for cancer, etc. In the text books of Ayurveda there are very many measures of that kind, like Vardhamana Pippali for Vajeekarana, Ardraka yoga, Silajit yoga for Sotha etc. Therapeutical value of such measures shall be researched. At present, the importance of snake-poison as a medicine is researched on diseases like leprosy. The utility of such treatment was long ago expounded in cases of Kushtha (leprosy), ascitis and crebro-spinal fevers with guiding principles. And this kind of treatment shall be reviewed in the modern light. The background of injection therapy shall be investigated in the light of such prescriptions, like suchikabharana, Brahmastra, Pasupatastra etc. Medicinal value of colours was spoken of in the ancient books, in Vajeekarana, Urdhwanga, Prasuti tantra etc. Hence the adaptability of photo-therapy and its importance in the field of treatment shall be judged. Further various treatments and remedial agents have been expounded in Vajeekarana (treatment of rejuvenation) and Rasayana for lengthening the span of life. But very few have practised and brought light on these subjects, thorough investigation is needed in this direction also. Vyayama has been spoken of as a remedial agent in several diseases as well as for prevention of diseases. Therefore, introduction of the present-day developments such as treatment of Gymnasism, physical topathy, muchanico therapy, masso-therapy, osteopathy etc. shall be given a very serious consideration and the therapeutical value of Pranayama and Yoga-Asanas must be

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determined. The above methods of treatment may be assimilated into Ayurveda rapidly and quickly, as the principles of these no way deviate from the Ayurvedic principles.

In the treatment of toxicology (Agada), besides following our antidotes and rational methods, we should not lose sight of the present-day antidotes and other upto-date methods preventing instantaneous mishaps. Finally we will have to revive our traditions and customs which can prevent a number of diseases and bring about several advantages by following them. Here I cannot refrain from giving a few examples before concluding this article to throw more light on this subject. Wearing tight rings over the second toe on both sides prevents uterine displacements as well as a few disorders of the uterus, according to the principles of zonotherapy. A man by wearing ear-rings can withstand any brain taxation besides having a clear power of judgment. Applying turmeric to the feet can ensure regular menstruation and can cause perfect circulation as the stimulus produced by the turmeric over the soles and feet, and the five toes can have a full and perfect control over the functions of the pituitary gland. Likewise I can show thousands of such instances but a little can be done only in an article of this sort. The present health department is mainly in the hands of modern scientists who are unaware of our traditions and customs and their scientific values. Unless both the government and the public are educated on these lines it is not possible to bring about revival and save the country from troubles and diseases which could have been prevented easily. Our national Government cannot be national-minded unless such truths are brought to light for the benefit of the public. It is a pity that our National leaders are hypnotised under the spell of foreigners and trained in the foreign school of thought. The day is yet to dawn to drive away this foreign influence which is detrimental both to our health and race. It is ripe time for the Ayurvedists to gather the useful traditions and make publicity for the guidance of the Government and the public to impart better education on these lines.

At last but not in the least, I do not like to close this article without mentioning the importance of the daily routine process to be followed by every individual in accordance with age, profession, duty and habit, of which much has been said in all Dharma Sastras and in our Ayurvedic text-books (Swasthavritta). Swasthvritta is the realistic, prophylactic means that makes the man sound in body and mind. Nowadays a very few, if not none, adhere to these rules and follow them regularly because they are taught neither at home nor in the educational institutions. We must all agitate and introduce subjects of Swasthavritta with scientific explanations in terms of modern sciences in the educational institutions at the early stage. In fact the very pioneers and experts of modern science are not aware of the beneficial effects of the measurts of Swasthavritta.

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Therefore it is the duty of the Ayurvedic research worker to throw more light in this direction also.

It is a pity of pities that we have no assistance of a well equipped clinic with all its angas to practise and show the marvellous effects of Ayurvedic medicines, nor is there any research home to patronise the research worker, giving full support for him. Under these circumstances, Dhanvantari alone shall come to our succour to turn our flying thoughts into solid work.

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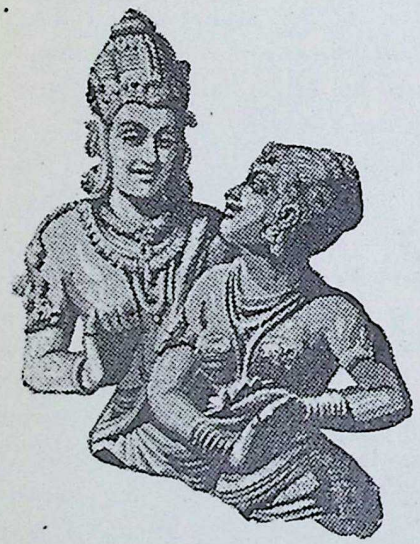

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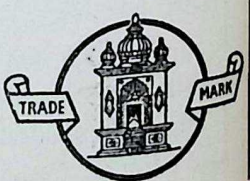

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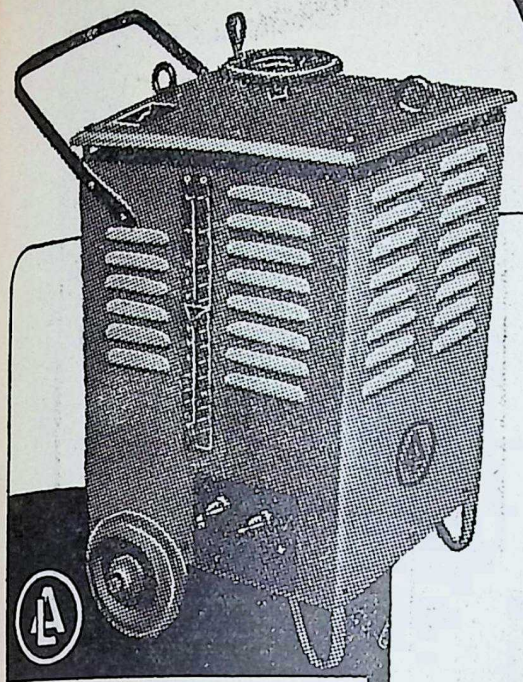

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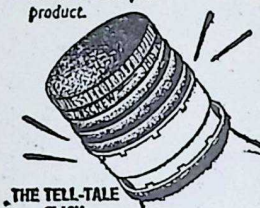

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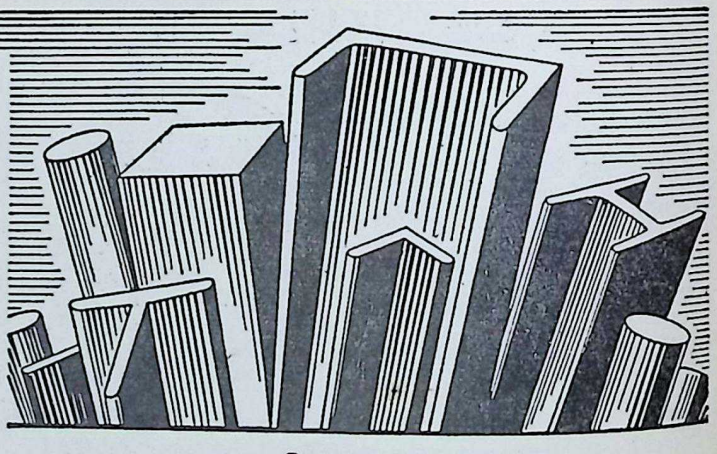

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FUNDAMENTALS OF AYURVEDA

Ayurvedacharya T. Gurunadhan, *A.M.A.C.*

The chief object of research in Ayurveda is the elucidation of fundamental Ayurvedic theories in their practical application to yield day-to-day results, to give proper evaluation to various concepts and to form these theories into an organic whole to be useful in the establishment of rational therapeutics in accordance with Ayurvedic principles. Thus, in every case of study of patients, all the related theories and concepts mentioned in the ancient texts are to be practically drawn, applied, tested, verified, the findings coordinated and finally compared or contrasted with those of Allopathy or modern medicine. Every phase of success or failure in the clinical application of these theories are to be carefully noted. The research institute is for things actually done and not for enunciation of literary doctrines ; of course the literary theories have to be extracted and carefully applied and coordinated in relation to the disease or patient which are the points of study. Thus, in every case of illness the careful elucidation of Pancha Nidana, Lakshana, Upasaya, Samprapti, the details of Dosha-Dhatusammoorchanam, various theories regarding vitiation (Prakopa), diffusion (Prasara), localisation (Sthana-Samsraya) of Doshas, the particular Gunas or properties with which the Doshas affect the tissues (Dhatus or Malas) or organs or parts of the body, concepts like Ama Dosha, Nidana or causes that have preceded the disease process which is developing with the basic Doshas presenting various symptoms, the peculiar symptom structures indicative of basic Doshas, the setting of values to prognostic symptoms as well as to claims of certain drugs or recipes in the cure of certain diseases or symptoms, the drawbacks for substantial relief or cure etc., etc. have to be systematically studied under various sections.

Theoretical Ayurveda is like a huge banian tree with so many grown up, overlapping inter-turned branches and roots that it is sometimes very difficult to draw out or visualise a practical, helpful

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picture set with those theories or hypotheses. Hence the necessity of careful research in the proper perspective by a team of experts; Ayurveda has got a peculiar method of arriving at a diagnosis and the lines of treatment and medicines have to be rationally based on such findings or new suitable recipes have to be coined, experimented and finally accepted.

While Ayurvedists proceed with their peculiar line of work regarding diagnosis, lines of treatment etc. a team of Allopathic experts or specialists should examine the very same patient or groups of patients, apply all possible or necessary laboratory tests, name the disease, process, its diagnosis and prognosis, indicate the lines of treatment or other measures in terms of Allopathy or modern medicine.

Of course, these are for comparative study and elucidation only, and the measures of treatment and medicines have to be pronounced and applied on the basis of Ayurvedic doctrines only. The point here is not to give trial to the Allopathic lines of treatment of medicines; of course, both teams of experts should freely discuss about the implications. The allopaths working in the institute should be inclined to know or rather be biassed towards Ayurveda and watch the case rather than criticise or meddle with or unnecessarily import their fears and prejudices in the process however scientific they may declare them to be.

The Ayurvedists, on the other hand, should possess a proper perspective as to work unitedly with the sole aim of restoring the glory of Ayurvedic therapeutics; they have to stand to reason within the framework of Ayurvedic doctrines or Aptavakya; they should weigh and consider various apparently contradictory theories in the proper perspective; they should not waste their time in useless wrangling over meanings or indulge in wasteful verbal controversies; when and where such a thing occurs the chief or veteran of the experts should give an immediate ruling and proceed with the work in hand. Sometimes a time-limit may have to be fixed for such controversies and a decision should be arrived at. The object of the whole of these researches is to benefit the practising physician, Ayurvedic student and the common man. A research bulletin has to be published from time to time for the benefit of all.

Ayurveda, of course, emphasises Apta Vakya or verbal testimony of the ancient Rishees, but those Rishees themselves have said that competent persons may have to perform a Samskarana (Sanskarta Kurute Tantram Puranam cha Punar Navam"—Charaka) which is a practical presentation of these theories or hopotheses for the benefit of one and all. The whole of research is nothing but a scientific presentation of this Samskarana suited to modern needs and useful to and understood by one and all, of course retaining the spirit of the ancient doctrines. The true research worker should thus be a Samskarta.

Let me illustrate this concretely. A few cases of Panduroga (anaemia) may be taken for research. Anaemias are classified

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differently in Allopathy as Hypochromic anaemia, Pernicious anaemia, aplastic anaemia, hemolytic anaemia, Lederers anaemia, Coolay's anaemia and so on. Again, there are various kinds of classifications such as that of Davidson and so on. Practically the microscopic and other laboratory findings determine the diagnosis upon which the lines of treatment or the choice of drugs like Vit B12, or Liver Extract or Iron is based ; in some cases, in spite of the laboratory tests, some clinical trials may have to be instituted to effect a cure ; but in Ayurveda, this is not the procedure. It will not suffice to name Panduroga as anaemia ; from the attendant symptoms the basic Doshas like Vata have to be noted. The Samprapti of Panduroga says that the Doshas would vitiate the Rakta Dhatu in Panduroga and affect the Twak (skin) with Pandutwa (Pallor) ; the particular case may be a Vata Panduroga or Pitta Panduroga or Mrit Panduroga and so on Sankhya Samprapti or determining number (into specific types) of Panduroga demands that the particular case in hand must fall under one category or other of the five types (of course if Panduroga or Pallor is the chief or cardinal symptom of the group of symptoms comprising the disease). A case of hypochromic anaemia may be classified as Vata Panduroga or Kapha Panduroga and so on being determined from the concomitant symptoms. If there is anorexia (Aruchi), this anaemia may be classified as Kapha Panduroga. If there is dryness of the skin (Twag roukshyam) or constipation (Vidgraha), the anaemia may be classified as Vata Panduroga. In Kapha Panduroga swedkarma (sometimes rooksha sweda) and even Vamankarma may be called for ; but in Vata Panduroga Abhyanga (Suchakarma), a different type of swedakarma such as steambath, suitable forms of Nirooha Vasti and Anuvasana Vasti may be necessary. Regarding the pernicious anaemia where there are usually Pallor, icteric tint, glossitis, tachycardia, weakness, dyspnoea anorexia, diarrhoea etc., the icteric tint and glossitis are denotative of increased Pitta Dosha, the tachycardia and dyspnoea are denotative of vitiated pranavaha srotas (usually by Vata) (see Charaka Srotavimana) ; anorexia is indicative of Kaphadosha, dyspepsia and diarrhoea are indicative of lack of Pachakapitta or jatharagni and so on ; the treatment has to be instituted to increase the jatharagni but to decrease the Pitta Dosha and not to aggravate the Vata Dosha. e.g. Tiktaka ghrita (ghrita increases jatharagni, lessens Pitta Dosha, and medication with suitable Tikta Drugs lessens further Pitta and Kapha without aggravating Vata). Along with suitable medicine, proper form of diet is imperative and this should be in consonance with the peculiar Dosha set up. Similarly, Prognosis as to gravity or otherwise of the disease (Sukha Sadhyata, Yapyata, Asadhyata) has to be pronounced initially on examination and one has to see how much can be done to alter the Dosha structure and to instal the patient on an improved system of good health. From time to time the blood count and other laboratory tests have to be taken

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by Allopathic experts while the patient undergoes Ayurvedic treatment only. Rasa medicines as also herbal extracts have to be tried on the basis of the Dosha set up picture visualised ; it does not merely suffice to effect cure in every case.

The physician as well as any student watching the case should be enabled to know on what Ayurvedic principles the lines of treatment on medicines were based and have brought out the good result or otherwise.

Again if the case is Mrit Panduroga i.e. Panduroga which is the result of eating earth, the case is usually diagnosed as Hookworm Disease or Ankylostomiasis where the lines of treatment in Allopathy and Ayurveda differ. In this disease the Pica eating is taken as the chief cause in Ayurveda and not the laboratory diagnostic picture. Here the cause or Nidana is again classified into three kinds according to the nature of the Mrit (Pica). Thus if Mrit (Pica) happens to be loose sandy earth possessing kashayarasa, Vata Dosha may be guessed ; if the Mrit is of ooshara-kshetra or salty earth, Pitta Dosha may be guessed ; if the Mrit is that of black cotton soil, possessing madhura Rasa, Kapha Dosha may be guessed ; of course this is one factor only ; other factors also should be considered to pronounce the final Dosha set up picture. As the diagnosis is based on the cause, it should be first eliminated (Sanksheptah Kriya Yogo Nidana Parivarjanam). Thus the visualised picture of Dosha set up is the diagnosis and the plan of treatment is to be based on this. The dictum of Charaka that the name of the disease is not important but the visualisation of the Dosha set up in all its details is all that matters is to be practically carried out and demonstrated. Along with this diagnosis the effective medicines or recipes, should be clearly brought out together with claims of efficacy on scientific lines.

(To be continued)

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THE NATURE OF AYURVEDIC RESEARCH

Rajvaidya **Pranacharya Kaviraj Dr. Prabhakar Chatterjee,** *M.A., D.Sc., Ayurveda-Brihaspati.*

There is a very grave allegation against Ayurveda that it has no *Research* i.e., the Ayurvedic physicians are not carrying on any new researches in any departments of medicines with reference to the changed circumstances of life, although "Old order changes, yielding place to new, lest one good custom should corrupt the world". They are depending upon the old and obsolete discoveries of bygone days when "Adam delved and Eve span". And when anything regarding the new researches or discoveries in the domain of medicine is spoken to them, they say that the rules and principles of Ayurvedic treatment are rigid and inflexible like the rules and principles of Sanskrit grammar since the days of the great Vedas. There is nothing new to be done in this respect.

रजस्तमोभ्यां निर्मुक्तास्तपोज्ञानबलेन ये।
येषां त्रैकाल्यममलं ज्ञानमव्याहतं सदा॥
आप्ताः शिष्टा विबुद्धास्ते तेषां वाक्यमसंशयम्।
सत्यं वक्ष्यन्ति ते कस्मादसत्यं नीरजस्तमाः॥

Because the ancient sages of India—the seers were the discoverers of the whole truth and no partial half-truth standing in need of being repeatedly changed as commercial experiments to suit the changed condition of the world market, involving monetary gain or loss to the capitalists concerned. They have found out a complete truth about a particular thing and have divulged it for the good of the people at large. You can couch it in any shape you like, but it will not change its hue. You can improve upon it. But you cannot change it. A knowledge of Pancha Maha-bhuta vijnan, the Tridosha vijnan, the six schools of Hindu philosophy, the Vikriti vijnan, Sharira, Shalya, Shalakya, Kaya, Agada, Bhuta-vidya, Rasayana and Vajikarana according to the Brihat Traiyee stands them in good stead at the time of making treatment and makes them adepts in the art of healing by conferring on them the Chikitsa Tatwajnan which enables them to treat all conceivable and inconceivable cases to which the human beings might become subject. So the Ayurvedic physicians ask the students to read both the Brihat Trayee and the Laghu Trayee

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between the lines and take Jogya or a practical training from their Gurus or teachers who have mastered the subjects and are established in the society having given proof of their ability and strength of character by securing the confidence of the people about them and thereby the approval of God who looks after both the inner and the outer aspects of man's activities on earth and assigns values to them. That is why the old and experienced Vaidyas are of opinion that the students of Ayurveda should learn the original and authentic works of Ayurveda with their standard commentaries through the medium of Sanskrit and also acquire practical knowledge in the preparation of medicines with their own hands after knowing the full particulars of the ingredients with which the medicines are to be prepared. They should also be able to watch the progress or regress of the diseases after the application of medicines prepared with their own hands under the direct guidance and vigilance of their preceptors. Thus an Ayurvedic physician became a full-fledged physician having full confidence in and control over the medicines he prescribed as he was his own apothecary. For the purpose of procuring the ingredients necessary for preparing the different kinds of medicines, necessary for curing the different diseases to which the Indian people are subject, he is never at his wit's end, as all the medicinal ingredients are available to him as they grow hither and thither and everywhere near about the residence of the patient concerned. The Ayurvedic physician is a believer in the ever-memorable assertion of Charak, namely, "यस्य देशस्य यो जन्तुस्तजु तस्य औषधं हितम्"

i.e. the medicines which grow in the country of the patient are specially good for him. We see that the Ayurvedic physician, who has thoroughly gone through the Brihat Trayee and the Laghu Trayee and has received practical training consisting of the preparation of medicines with a detailed knowledge of the properties and identification of medicinal ingredients, the capacities for prescribing those medicines suitably to ailing patients after duly diagnosing their diseases mainly with the help of the knowledge of the science of pulse, the science of prognosis, and the examination of stool, urine, sputum, tongue, eyes, heart, lungs, liver, spleen, abdomen and other limbs of the body by personal observation and examination, is capable of practising Ashtanga Ayurveda after taking necessary permission of the ruling authorities of the state.

The Ayurvedic physician was never one-sided in his views. He had to become Bahusruta or well versed in many branches of knowledge. Susruta rightly enjoins when he asserts

"एकं शास्त्रमधीयानो न विद्यात् शास्त्रनिश्चयम्।
तस्मात् बहुश्रुतशास्त्रं विजानीयात् चिकित्सकः॥

The student who reads only one Shastra or a particular branch of knowledge, is not a sure and perfect master of the Shastras. Therefore, a good physician should be able to know the contents of many Shastras or many branches of the science

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of knowledge. The Ayurvedists did never hesitate to utilise and incorporate a good medicine of another pharmacopoea into their own pharmacopoea. Charaka emphatically says that "तदेव युक्तं भैषज्यं यदारोगाय कल्पते" i.e., "That which cures a disease is the proper medicine". But it should be properly and suitably applied. Charaka also says in the same breath that "न तस्मात् भिषजा युक्तं युक्तिबाह्यं न भेषजम्".

i.e. therefore, the physician should not apply a medicine which does not conform to the laws of discretion born of the knowledge or the laws of Chikitsa Sutra or the general principles of the Ayurvedic treatment to be given to patients. But as Charak lays down later on that

"मात्राकालाश्रया युक्तिः सिद्धिः युक्तौ प्रतिष्ठिता ।
तिष्ठत्युपरि युक्तिज्ञः द्रव्यज्ञानवतां सदा ॥"

i.e. The power of exercising Jukti or discretion is always dependent upon dose and time. The exerciser of the Jukti is always superior to the knower of the properties of medicines.

There is an acid test for all Ayurvedic medicines namely

"या तूदीर्णं शमयति नान्यं व्याधिं करोति च ।
सा क्रिया न तु या व्याधिं हरेदन्यमुदीरयेत् ॥"

That which cures a disease and does not produce another disease, is a real medicine and the medicine which cures one disease and at the same time gives birth to another disease is not at all a medicine according to Ayurveda.

Therefore according to the above touchtone of Ayurveda, many of the modern medicines which are heavily used to-day cannot be accepted as true and genuine medicines capable of being incorporated into its pharmacopoea for administration during diseases—medicines of permanent value like Makaradhwaja, Chyavanprash, Draksharista, Ashokarista, Arjunarista, Amritarista, Dasamularista, Kumaryasava, Nabayasa Louha, Brihat Kasturi Bhairav, Basanta Tilak, Basanta Kusumakar Rasa, Rasa-Raja-Rasa, Chandraprava, Chandrodaya Rasa, Mahalaxmi Bilas, Muktadyachurna, Prabalpanchaka etc., producing no reaction whatsoever to the user. It is on account of the possession of this supreme attribute, i.e. want of any reaction whatsoever on the part of the user of them that the medicines of the Ayurvedic pharmacopoea have been endowed with a permanent character. The qualities described in the medicines discovered in the pre-Vedic ages and also in the Vedic ages are still the same in the medical ingredients of the Ayurvedic pharmacopoea. The properties of Triphala, Trikatu, Trisugandhi, Trimada, Chaturjatak, Pancha Kole, Sarusan, Trina-Panchamula, Swalpa-Panchamula, Mahat-Panchamula and Dasamula are still the same as before. Amlaki possesses the same properties as before. Gold, Copper, Tin, Zinc, Iron, Cinnabar, Orpiment, Lead, Coral, Pearl, Conchshell etc. possess the same properties as before. By properties I mean the properties found out and ascribed by the Ayurvedic sages of ancient India, whose vision was much clearer than that of the present-day scientists as those people had no desire for any

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personal gain or any selfish motive behind their research activities. The motive forces behind them was the good of the people. As it has been rightly said by Charak,

"नतु आत्मार्थं नतु कामार्थं अथभूतदयां प्रति ।
वर्त्तते यश्चिकित्सायां स सर्व्वमतिवर्त्तते ॥
कुर्व्वते ये तु वृत्यर्थं चिकित्सापण्यविक्रयम् ।
ते हित्वा काञ्चनराशिं पांशुराशिमुपासते ॥
परो भूतदयाधर्म्म इति मत्वा चिकित्सया ।
वर्त्तते स च सिद्धार्थः सुखमत्यन्तमश्नुते ॥"

(च. सू. अ.)

One who treats patients not for personal gain but for the good of the patients, trascends all. He who treats patients simply with a motive of carrying on a trade, worships ashes leaving aside gold. But he who treats patients out of compassion for people, gets much happiness in life.

The Ayurvedic physician is seriously warned against applying medicines the properties and combination of the medicinal ingredients of which are not fully and properly known to him.

As it has been seriously enjoined by Charaka that

"आश्रिताय शयानाय श्रद्धानाय रोगिणे
यो भेषजमविज्ञाय प्राज्ञमानी प्रयच्छति
तत्तधर्म्मस्य पापस्य मृत्युभूतस्य दुर्म्मतेः ।
नरो नरकपाती स्यात् तस्य सम्भाषणादपि ॥"

Being led up with a serious type of disease, the patient has fallen flat upon a bedstead. He has sought the aid of a physician to relieve him from his sad plight. Now if the physician taking advantage of his helpless position, tries to exploit him and applies medicines with a view to experimentation, then his practices are highly denounced by the veteran Vaidyas.

Now at this stage, let us make a short review of the various stages of transformation, the Ayurvedic treatment has taken since its arrival from the kingdom of Indra in the earliest dawn of human civilisation. It was only a feeling of compassion for the suffering humanity that actuated the Rishis of old to convene an international medical conference to devise ways and means of relieving the ailing Rishis of their diseases. The merciful sage Bharadwaj took upon himself the task of going up to the place of Indra and learned from him the sacred main principles of the holy Astanga Ayurveda, the knowledge of which first of all came to the first-born one—the holy Brahman and gradually passed on to Indra as from preceptors to pupils in the pre-Vedic ages. Bharadwaj delivered the goods unto the Rishis who assembled again in the second international medical conference to listen to the wise discourses of Bharadwaja regarding the eight different branches of the science of life. As a result of Bharadwaja's holy mission, the then people of the whole of Aryavarta, learned the contents of the science of life from the fiftyone sages who attended the conference and made themselves fully conversant with the detailed knowledge of the science of life in its eight different branches. And they applied the knowledge thus gained to give relief to the then suffering humanity. Thus we see that as a result of Bhara-

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dwaja's mission, the then whole of Aryavarta became free from the attack of diseases which did not allow them to pursue peacefully the religious activities of life.

We are drawing four different pictures of the Ayurvedic treatment in the four different ages namely (I) the Vedic Age or the Satya Juga (II) The Treta Juga or the Age of the Ramayana (III) the Dwapar Juga or the Age of the great Mahabharata (IV) the Kali Juga or the Age of the great Kali or the present Iron age through which we are now passing.

In the first picture of the Ayurvedic treatment of the Vedic ages i.e. during the period when the four Vedas were codified and in the Oupanishadic ages when all the Upanishads were written, we find the Rishi physicians to be full of the milk of human kindness and with a feeling of compassion for all beings. And it is this feeling of compassion for all human beings of the then Aryavarta that actuated them to learn the principles of Ayurvedic treatment and to broadcast it among the assembled sages for removing the impediments of their religious activities. Here there was no scent of selfishness and no sign of personal gain and love of lucre. He who is acquainted with the various combination of medicines and can apply them with reference to the clime, time, and personal traits and temperaments of the ailing patients is considered to be a good physician and he who does not know them becomes an object of ridicule.

In the second picture, i.e. Tretajuga in the age of the great Ramayana, we find the physicians forming a community of their own. They are taking the responsibility of treating the people of the state. After going through a course of general knowledge of the Sanskrit learning the students are learning Ayurveda separately. The Vaidyas are treating the kings and are being appointed as Rajvaidyas. Still a feeling of compassion for the sufferers is the main incentive for treatment. The vocation is resorted to from the point of view of rendering free service to the people. But here we see that the sense of responsibility on the part of the physician has been established and his knowledge of Ayurveda Shastra is being tested, and thus a relation between the physician and the patient has been established. Still a feeling of compassion for the people is the main incentive for the vocation. He is regarded to be the best physician who has mastered the science of life both from the theoretical and practical point of view and who is skilful, pure and clean in his habits. A feeling of compassion for the afflicted and the diseased, treatment of the curable cases with great alacrity, unwillingness to give a large number of medicines for the treatment of an ordinary disease and refusal to treat incurable cases are recognised to be the traits of the good physicians. False Vaidyas or half-educated Vaidyas who pose themselves as learned Vaidyas by curing a difficult case perchance, are being despised in the society of the learned.

As days passed on, we see in the third picture in the Dwapar Juga, a further

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deterioration of the highest vedic standard of the medical education and treatment. The prevalence of a large number of non-archaic books on the holy Ayurvedic Shastras, has necesitated the consideration of making a discrimination between the readable and unreadable books of the science of life. A relation between the teachers and the taught has been clearly established. The study of Ayurveda on the part of a man who does not belong to the Vaidya community has been banned. The Vaidya is now a man belonging to a separate community known as the caste Vaidyas.

He has got a special social status and is held in high esteem. Now he is entering the harems of the princes and potentates and the rich and the nobility with a great pomp and power and is demanding respect from them. He is practising the art of logic for addressing the society of friends, of callous persons and also of the learned men. Now if the teacher is pleased, he expresses the merits of successful treatment to his disciples. The eternal feeling of compassion for the distressed and the helpless patients is no longer discernible as the guiding and controlling factor of the Vaidyas. Now the treatment of persons who are inimically disposed to the king, who are chastised by the king, who are inimically disposed to the good and who are chastised by the good people is forbidden. Self-satisfaction is no longer the incentive for treatment given to the people. It has now become a profession. Still the practice of too much milching the patients for personal enjoyment is highly denounced.

Lastly, we come to the fourth and the last picture of Kaliyug or the Iron age or the age through which we are now passing. The high ideals of the Upanishadic Rishi physicians have come down. There has been a prevalence of quacks, who are like so many thorns and thistles among mankind and live their livelihood on the very breath or the lives of mankind like snakes. The high ideals maintained by the vedic physicians have been completely lowered down. The quacks are quarrelling among themselves. One is engaged in speaking ill of the other in the field of treatment. The untrained physicians have committed to memory a few of the important Slokas of the Shastras and are repeating them loudly before the educated people with a view to express their scholarship and superior knowledge of the Vaidyashastras. They are so low, mean and unconscious of their own shortcomings that the wise consider it useless to argue with them and to give them good advice for correcting their errors and to raise them from the deepest depth of degradation into which they have fallen due to their not reading the shastras under proper guidance and not preparing medicines according to Shastric instructions and not taking practical training from experienced hands. As such the good physicians are warning the public against having recourse to their treatment. It has been necessary to invite the attention of the ruling authorities against the practices of these quacks. These foolish Vaidyas who pose themselves

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as experienced physicians and are no better than the ropes of the God of death. As the number of the good and trained physicians in the pure Ayurvedic sense of the term, is daily decreasing, they are held in the highest esteem and are objects of daily worship as has been rightly said by Charak

"ये तु शास्त्रविदो दक्षा शूचयः कर्म्मकोविदाः
जितहस्ता जितात्मानः तेभ्यश्चः नित्यं कृतं नमः।
वृत्तिहेतोर्भिषक्मानपूर्णान् मूर्खविशारदान् वर्जयेत्तान्
भिषक्पाशान् पाशान् वैवस्वतानिव।
प्रशमज्ञानविज्ञानपूर्णा सेव्या भिषकतमाः।
प्राणाभिसरास्ते सुवैद्यत्वं तेषु व्यवस्थितम्।"

We should always be ready to pay our respects to those physicians who are well versed in Ayurveda shastras, skilful, clean, experienced, dexterous and possess a pacified soul. But those professional fools, who pose themselves as full-fledged physicians without possessing the requisite qualifications for the purpose of earning a false professional prestige, should be avoided like the ropes of the God of Death.

But those physicians who are possessed of the requisite qualifications of a true physician should be worshipped. Since they can add new life to the ailing patients by their professional skill.

We have drawn the above pictures of the ideals of Ayurvedic treatment from the Vedic ages upto the present time with a view to put up before the public and the Government a complete picture of the gradual deterioration in the ideology of Ayurvedic education and profession on the part of its votaries from the Vedic ages right upto the present times.

In the Vedic ages, the sages became conscious of the efficacy of the mantras or hymns. And they used to have recourse to the uttering of mantras for warding off ailments. Gradually they became conscious of the virtues of herbs, roots and barks of trees, juice of leaves, roots and barks of trees, their decoction, Fanta, Sheetakasaya, Powder, Ashaba, Arista, Abaleham, Modak, Prash, Bhasmas, Batika and last of all tinctures. In the beginning, they used to wear a herb or a root as an amulet or a ring or a bangle as the case may be, and used to utter a Vedic mantra or hymn along with it for curing such diseases as Taksman, a kind of fever, representing the characteristics of modern Malarial fever, Jaundice, Colic, Leprosy, Stone, Prameha, Phthisis, etc. From the wearing of the roots as bangles or rings along with the utterances of the mantras, they gradually learnt to eat the whole creeper, root, leaves and barks in their different forms and thus gradually the different forms of Hindu chemistry came into existence to the discerning eyes of the Rishi chemist and physicians of the Vedic ages.

In the mineral kingdom we also see the adoption of the same principle. Iron was firstly used as a bangle or as a ring to ward off the diseases produced out of the derangement of wind, to check the profuse flow of blood from the uterus, to reduce the excess of heat from the

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body, to maintain the digestive power of the liver, to keep in tact the power of procreation, and to prevent the early appearance of senility. But gradually they began to use it in its powder form in such medicines as Nabayas churna by reducing it with the help of the decoction of Trifala and cow's urine and then powdering it with the help of hammer and stone and iron mortar and also freeing it of its constipating character which is still a riddle to the modern chemists. Ultimately they learnt the method of reducing iron into the minutest particles known as Sataputita Louha, i.e. iron which has been burnt for one hundred times, Sahasraputita Louha (i.e. iron which has been burnt for one thousand times). Thus the knowledge of the greater efficacy of the atomic doses of the metallic ingredients became known to the ancient Indians and ultimately the great Chemist Nagarjun with his learned eightyfour Siddhas or learned chemist physicians controlled the whole science of Hindu Chemistry, the cultivation of which reached its zenith in the age of Goutam Buddha and in appreciation of which the greatest Ayurvedic Commentator Chakrapani wrote :

"नागार्जुनो मुनीन्द्रः शशास यल्लोहशास्त्रमति गहनम्"

i.e. The sage Nagarjun controlled all the different, very difficult branches of Hindu chemistry of medicine, Metallurgy and Alchemy. By the term Louha all the metallic ingredients are indicated. As in the case of iron, the Hindu chemists of the school of Nagarjun, enquired into the nature and properties of all the different metallic ingredients namely, (1) Mercury, (2) Sulphur, (3) Mica, (4) Cinnabar, (5) Orpiment, (6) Arsenic, (7) Gold, (8) Silver, (9) Copper, (10) Lead, (11) Zinc, (12) Brass, (13) Bell-metal, (14) Ksharas, (15) both organic and inorganic poisons. The Metallurgists of the school of Nagarjun learned the art and science of melting iron and moulding it into different shapes. They also learned the method of preparing rustless iron as is proved by the existence of the rustless iron pillar of Delhi and the Dal Madal Cannon of Vishnupur, a subdivision of the district of Bankura. The fact that the process of preparing rustless iron was known to the blacksmiths of Bengal even as late as the beginning of the 18th century is proved by the existence of the Jahan Kosha Topa, the famous cannon of Nawab Shirajodaulla of Murshidabad.

The oral use of mercury and its amalgam with sulphur better known as Kajjali or black sulphide of mercury is a landmark in the history of Hindu chemistry. It will sound very harsh to the ears of the modern chemists, that the occidentals did not know anything of the type of Kajjali (an amalgam made out of the combination of mercury and sulphur very largely used by the Ayurvedic physicians in very many medicines since time immemorial) before the advent of the famous book called "History of Hindu Chemistry" by Sir P. C. Roy, a chemist of international fame and immortal memory, in Europe at the fag end of the 19th century, although Kajjali or the black sulphide of mercury is an

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important ingredient of Makaradhwaja, the most valuable and efficacious medicine ever discovered by any chemist or any system of medicine known to the modern civilised world. It has been an epoch-making discovery on the part of Rasacharyya Chandra Sen, the famous chemist belonging to the Lunar Dynasty or the Chandra Bansa of the Treta Juga. This wonderful medicine has never been reactionary in character. Kajjali is also the only ingredient of Rasasindur, another epoch-making medicine of Chandra Sen, the producer of the famous Chandrodaya Makaradhwaja of the Ayurvedic chemotherapy.

Ayurvedic chemotherapy received a great impetus in the reign of Asoka the Great after his conversion to Buddhism according to the tenets of which he forbade any and every kind of blood-letting from animal body as he had the misfortune to witness the terrible carnage involving severe spilling of blood in his famous Kalinga Wars.

As a result of the above royal injunction, surgery involving blood-letting was also banned in all the hospitals with which the kingdom of Asoka was studded. The study of anatomy, biology and veterinary science also received a great setback. But the loss sustained in these directions was amply compensated by a tremendous upheaval of Rasachikitsa or the treatment of diseases by the application of metallic ingredients, namely, mercury, sulphur, arsenic, gold, mica, copper, tin, lead and others. The oral application of purified mercury was unknown to the chemists of Greece and Rome. It was also not known to the chemists of Arabia and Persia. The western chemists learnt its oral application only as late as the latter end of the 19th century. But the Ayurvedic chemists learnt its purification and incineration involving the eighteen different samskaras or processes long before the advent of Jesus Christ.

The Hindu chemists who were learned Brahman Jogis—or sages well versed in the six schools of Hindu philosophy and specially in Raseswar Darshan, the purpose of which has been beautifully described by Madhavacharyya in his Sarba Darshana Sangraha. And according to him Mercury is an epitome of the world. The essence of whatever is to be found in the world is to be found in mercury. There are altogether six Rasas in the world. In all the articles of the world we find a combination of some of these six Rasas namely, Madhur, Amla, Lavan, Katu, Tikta and Kasaya, i.e. sweet, acid, salty, bitter and pungent. In mercury, we find a combination of all the six Rasas. And, therefore, it is all powerful and self-sufficient like Adwaita, the one infinite principle—the causeless cause of the universe. It is Shiva Veeryya possessing infinite powers, one minutest atom of it is capable of producing infinite results in the matter of rendering the body unassailable and immune against attacks of untimely death, senility and diseases. If the chemist is capable of performing the different samskaras or procedures from the beginning of the purification leading to the incineration or the final dismemberment of its minutest particles and atoms,

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he can work wonders with its help by rendering the body free from the attacks of diseases, decay and premature death. According to Raseswar Darshan, the Paramanu or the ultimate final atom is indivisible, because it is an embodiment of God who is indestructible and indivisible. And any attempt to divide it will result in either partial or complete destruction of the working order of the universe.

Mercury, therefore, cannot be fully incinerated or reduced into ashes keeping its original weight undisturbed. But it can be divided into minutest atoms. And these atoms can be utilised as medicines in their various forms or conditions for killing various kinds of deficiencies or diseases to which the animal world is subject according to to the inscrutable ways of Nature which is in charge of creation.

The Ayurvedic Rasasiddhas or chemists tried to probe into the secrets of Mercury since time immemorial and succeeded in finding the properties of Makaradhwaja which is nothing but a particular stage of mercury during the process of its various samskaras or transformations leading to its final dismemberment as the Bhasmas in which its fullest power or Prabhaba remains. The word, Prabhaba, according to Ayurveda, requires a few words of explanation for the modern chemists who are not willing to acknowledge the existence of an unseen and unknown and unfathomable property in any substance or matter which cannot be measured in the test tube and mathematically calculated. Prabhba is the peculiar and unthinkable power that an article possesses. It cannot be explained but when applied to the human body, its power is felt and seen to the experienced and discerning eyes. Mercury possesses such manifold unthinkable and inscrutable power known only to Rasasiddhas and philosophers.

It has been said by Madhabacharyya in his Sarbadarsana Sangraha

अजरामरकरणसमर्थश्च रसराज एव तदाह
एकोऽसो रसराजशरीरमजरामरं कुरुत इति
तस्माद्युक्तया रीत्या दिव्यं देहं सम्पाद्य
योगाभ्यासावशात् परतत्वे दृष्टे पुरुषार्थ प्राप्तिर्भवति।
श्रुतिश्च रसों वै सः रसोह्येवायं लब्धानन्दी भवति।
तदित्थं भवेदन्यदुःखभरचरणोपाय रस एवेति सिद्धम्।
तथाच रसपरमब्रह्मणा साम्यमति प्रतिपादितं भवति।
इति सर्व्वदर्शन संग्रहे माधवाचार्यः।

Rasa Raja or mercury alone is capable of rendering the body free from the attack of senility and early death. Now if the body is built according to our instruction by the taking in of mercurial preparation, and if the practising of meditation is resorted to, the the attainment of salvation becomes possible.

Sruti has also said likewise. There is no difference between Mercury and the universal soul. He, who is capable of swallowing this type of mercury, becomes full of the everlasting joy. Thus the fact that the mercury is the source of attaining all joy and of removing all sorrow is established and his identity with Para-brahma is also established.

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It is also said in Rasa Hridaya-tantra that

परमात्मनीव सततं भवति लयो यत्र सर्व्वसत्वानाम् ।
एकोऽसो रसराजः शरीरमजरामरं कुरुते ।

Just as all creatures always merge themselves into the universal soul, all earthly articles merge themselves into mercury who is capable of making the body free from the attacks of premature decay and senility and thus rendering it a very long-lived one.

Thus we see that the ancient physicians of India made considerable researches in the domain of mercury which they considered to be the most important and powerful of all earthly medical ingredients. But for want of state support and state vigilance, researches in the domain of chemotherapy have been stopped since the downfall of the Hindu Dynasties of India, and the consequent loss of freedom which lies at the root of all research activities necessary for the protection and preservation of the subjects of the state. Private enterprises can very seldom do anything in these directions. If it is not the state's interest, it is very seldom anybody's interest. Of course, in ancient India, private enterprises had gone a long way in the direction of research activities in the social sciences. And that is why inspite of the ravages brought about by the foreign invaders, much of the ancient greatness and glory of India in the works of arts, literature and medicine still exists and testifies to the original thinking of the Hindus in many departments of knowledge and culture which go to the making of national greatness. But it is not possible, nowadays on the part of the poor Vaidyas of modern India to make arrangement for research activities in the magnificent buildings constructed after the pattern of American Engineers and building construction concerns or after the patterns supplied by the German and the Russian systems of engineering as are being brought into existence by the planning commission of the Sovereign Republic of India. There is a charge against the Ayurvedists that they are repeating the old things and not making anything new in the context of the changed circumstances of the world. Of course it is necessary to change the mode of presentation and the manner of application of the properties of the medicinal ingredienis of the Ayurvedic Pharmacopoea to suit the new taste of the rising generation of the modern age which is saturated with the news of new experiments and new methods and newer modes of applications of the same old things of Charak, Sushruta Vagbhat and Nagarjun.

Now, if the researches in the department of mercury are to be resorted, and to be started on a new method, for the purpose of finding out new properties of mercury and newer methods of the application after it has been bound down in various ways according to the processes described by the ancient Ayurvedic Chemists with the help of the paraphernalia of modern researches, then a building consisting of 54 rooms will have to be built, three rooms being set apart for each Sanskar with at least six dozens of scholars

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to work in the different departments like the ancient universities of Nalanda and Taxilla with attached hospitals for witnessing the results of the medicines that will be prepared in the course of the researches made by the said scholars of Ayurveda.

Ayurveda has got sufficient literature to supply the scholars with necessary materials for each of the eighteen sanskaras of mercury. It is a matter of great regret that only a few of them are seldom partially prepared by the factory-holders of Ayurvedic medicines of modern India. There is always a dearth of trained Ayurvedic chemists who have gone through the Brihat Traiyee and Laghu Traiyee and taken Yogya or practical training according to the principles of Paribhasa Pradip of at least Govinda Das Sen, under any trained and experienced Guru. Therefore, the preparation of a band of trained chemists is a necessary prerequisite of Ayurvedic Research of which so much is spoken nowadays. Arrangements for Arborihorticulture and Herbarium have also to be made for a proper supply of roots, barks, leaves, seeds, fruits and flowers of different creepers, plants, trees, and herbs of different kinds. Another important thing necessary for Ayurvedic research is the Dairy Farm for a pure and proper supply of milk and other milk products such as pure Ghee, Ghol, Dahi, Nabaneet, Makhan etc. for the purification and preparation of pure medicines necessary for the revival of Ayurveda. Cow's urine and cow-dung cakes are also of inestimable services to the chemists of Ayurveda for carrying on researches on mercurial operations on purely scientific and Ayurvedic lines. Dr. Wise used to remark to his students in the Calcutta Medical College that he was merely repeating in a different language and through the medium of modern apparatuses what Charaka and Susruta had taught three thousand years ago. And their discoveries are all rediscoveries of the past achievements of the ancient physicians of India. And if the contents of Charak and Susruta would have been explained to them beforehand, much of their labour extending over a period of last two hundred years would have been saved. He translated Charaka Sanhita into English which ushered in a new epoch in the history of the medical education of the West.

In our discussion regarding the researches in the department of Mercury, we have seen that the researches of mercury came to a standstill after the Siddhas acquainted themeselves with its eighteen Sanskaras in the age of Gautam Buddha, and also after the dissolution of the Hindu Dynasties of India who were the patrons of the Siddha Jogis or the chemists of Ayurveda.

Achievements of Rasasiddhas in the department of Ayurvedic Chemistry :—

The Siddhas performed the 18 different Sanskaras of Mercury namely (1) Purification of mercury, (2) Boiling, (3) Rubbing, (4) Raising, (5) Sublimation both upward and downward, (6) Confinement, (7) Restraining, (8) Stimulation, (9) Rehabilitation, (10) Swallowing of

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metals by mercury, (11) Swooning of mercury, (12) Movement, (13) Internal liquefaction of mercury, (14) Exhaustion, (15) Killing, (16) Incineration, (17) Dyeing of Mercury, (18) Transformation of base metals into Gold.

And as a result of these Sanskaras, they were able to discover the method of preparing the different kinds of Makaradhwaja which is an epoch-making medicine of Ayurvedic India. They were also able to find out another epoch-making truth of Hindu Chemisrry namely, that "Mercury has the power to swallow other metals without there being any increase in the quantity of the swallowing Mercury". This is the pivot round which all discoveries of Ayurvedic Chemotherapy rotates. The Hindu Chemists came to know of the processes which have the power to make the mercury hungry. And the hunger of mercury is appeased, when it devours mica, gold, copper and other metals. And when it is made to devour gold and is burnt with sulphur, it becomes real Makaradhwaja which is capable of removing diseases due to senility, early death and decay. The capacity for reducing base metals into Gold is another important discovery of the Siddha Jogis or the Hindu chemists. According to Rasavidya, Gold is of two kinds of which one belongs to mine, and the other belongs to Rasendra Vedhaja—i.e., belonging to the special Sanskaras of Mercury. The fact that the Hindu chemists were capable of preparing Gold is not a figment of the poet's brain. There are still many living witnesses amongst the business magnates and other stalwarts of India to testify to the truth of the Siddha Yogis being capable of preparing Rasendra Vedhaja Gold fit for being sold in the market as carat gold. Of course, the Hindu chemists did never claim to have been able to prepare mineral gold. Rasendra Vedhaja gold is especially efficacious in such diseases as phthisis, cancer, consumption and other wasting and deficiency diseases. The credit for the internal use of Gold belongs wholly and solely to the Hindu physicians of ancient India. Later use of Gold salt by the Allopathic physicians, is an imitation of the ancient physicians of India. Incinerated gold is being daily used by the Ayurvedic physicians in such unchangeable, everlasting and illustrious medicines as Brihat Vat Chintamoni, Jogendra-Rasa, Rasaraja Rasa, Swarna Parpati, Bijoyparpati, Harital Bhasma, Brihat Kasturi Bhairab, Basanta Tilak, Basanta Kusumkar Rasa, Chaturbhuja Rasa etc., to obtain results in such diseases as Paralysis, Heart diseases, Phthisis, Typhoid fevers, Mental diseases, Dyspepsia, Gastric troubles, Deficiency Diseases, Loss of Manhood, High and Low blood pressure, Tumour, and Fever, etc.

But the use of Sanskrita or pure mercury is absolutely necessary for the preparation of those medicines. Another important aspect of Hindu chemistry is the consideration of the all-powerful medicinal ingredient Gandhak or natural Sulphur and mineral Sulphur. Mercury cannot do any work satisfactorily without

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the aid of Sulphur. The most powerful and epoch-making medicine of the name of Makaradwaja of which we have spoken before, cannot be prepared without the aid of Sulphur. Really speaking, no work of importance can be done without the aid of pure Sulphur. Generally mercury comes from two sources, of which one is the mine and the other is cinnabar. Cinnabar is also to be had of mines.

But it is matter of terrible misfortune to the Indian people that they have lost that portion of Kashmir in which the mines of Mercury, Sulphur and Cinnabar are to be found. And ever since the close of the second world war, not an ounce of pure mineral sulphur of the name of Amlasar Gandhak is to be found in the Indian territory. Without Amlasar Gandhak it is impossible to prepare any genuine Ayurvedic medicines. Since 1946 there has been not a rati of pure mineral sulphur in the Indian Market. Medicines are being prepared with a kind of artificial sulphur prepared by chemical processes. This artificial sulphur is playing havoc on Ayurvedic Therapeutics, specially Rasachikitsa, which is the main source of supporting the Vaidyas of the modern age and standing them in good stead in the face of the stubborn opposition of the British Pharmacopoeia. Artificial Sulphur is like Dalda Ghee in place of pure Cow Ghee. Food cooked in Dalda Ghee looks exactly like the food cooked in pure Cow Ghee. Similarly the medicines prepared with the help of artificial sulphur look exactly like the medicines prepared with the natural mineral Amlasar Sulphur. But there is a very wide gulf of difference in quality between the two preparations. And this fact is realised by those Rasacharyyas who are practising physicians depending mainly on Ayurvedic Chemotherapy.

The replacement of mineral and natural products by artificial chemical products is fraught with far-reaching consequences of historical significance. Before the discovery of "Indigo" as an artificial chemical product in the field of Paint Industry by the German Scientists, the Indigo planters of England played havoc on the lives of the poor Indian peasants by inflicting untold miseries on them. But the discovery of the artificial chemical indigo in Germany at a much lower cost coupled with the public agitation for the abolition of the inhuman atrocities prepetrated on the poor peasants succeeded in abolishing the hateful Indigo plantation for ever from India. Thus we see that artificial chemical discovery in the place of Indigo plantation has been a boon to the people of India. But the manufacture of artificial Amlasar Gandhak, has been a curse to the Vaidyas of modern India, who are not fully conscious of the magnitude of the dangerous consequences of the fact of there being not a drop of pure Sulphur in the wide market of the Sovereign Republic of India of the present time. Because no mercurial operation can be properly carried on without the aid of natural and mineral sulphur which is capable of rendering mercury competent to yield the

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results spoken of in the descriptive literature of the Therapeutics of Ayurveda.

The artificial Sulphur does not possess the virtues of the natural Amlasar Sulphur. The artificial Sulphur is rough in character and as such it increases wind and saps the vitality, while natural sulphur arrests and cures physical decay by destroying mucus and eliminating it from the system and thus rendering the Srotas or the paths inside the body free for the proper circulation of blood a blockade which brings about a large variety of such obstinate diseases as High and Low blood pressure, Thrombosis, Phthisis, consumption, diabetes and even insanity. Morever, pure natural Sulphur removes all kinds of internal and external poisons and imparts poteney to mercury and enables it to work for the removal of almost all diseases to which the human flesh is subject. As a medicinal ingredient Sulphur is a greater tonic than Gold. It serves the purpose of mercury in the same way as Prakriti serves the purposes of God—the universal soul. Just as Prakriti does the work of God according to His desire or influence or behest and ultimately works for the emancipation of His subjects and thus serves His purpose alone, so Sulphur serves to increase the power of mercury and enables it to manifest itself as an all-powerful entity in the constitution of the visible world. It is, therefore, that the Tantrik scholars of Buddhistic India have described sulphur metaphorically as the menstrual discharge of mother Parbati, the religious consort of Mahadeb—the most powerful of the eternal Trio—recognised to be the creator, preserver and the destroyer of the universe.

Like mineral Sulphur, the mineral cinnabar also has gone out of the market. Natural Cinnabar is a fruitful source of getting the purest mercury through upward sublimation urdhapatanaja and Higulottha Parada. But the market has been flooded with cinnabar made of artificial sulphur and impure mercury. A large number of factories have been built in Calcutta and also in the suburbs for the purpose of manufacturing artificial Sulphur, artificial Rasakarpur and artificial Cinnabar.

There are some medicines which cannot be prepared without the mercury which has not been extracted from Hingula or Cinnabar. Now these medicines are being prepared from artificial cinnabar manufactured in the Calcutta factories and sold throughout the Indian markets. In the case of cinnanbar the Vaidyas are being doubly deceived. Once they are deceived, when they buy the artificial cinnabar in place of mineral cinnabar which was available only in the Dardisthan of the Pak-occupied Kashmir in India. They are deceived a second time, when they prepare mercury from the artificial cinnabar which has been manufactured with mineral mercury and artificial sulphur, after so much labour and so much loss of time and money. We feel very much constrained to write that the whole of the medicine market of Ayurveda is full of artificial medicines because of their being prepared with artificial mercury, artificial sulphur

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and artificial cinnabar and artificial Rasakarpur.

The above state of affairs is really producing a very baneful influence upon the minds of the consumers of the Ayurvedic medicines who are daily losing their faith in their only medicines. And this state of affairs is paving the way for a greater introduction of foreign medicines into the Bazars of India where according to the ever-memorable dictates of Charak, no articles exist which cannot be utilised as medicines.

"नानपौधिभूतं जगति किञ्चिद्द्रव्यमस्तीति ।"

The activities of the research scholars of Ayurveda should be concentrated upon the finding out of malpractices in the preparation of medicines and the detection of adulteration in the making of the drugs.

Dietetic Research :—Allopathy bases its dietetics on factors like proteins, carbohydrates, fats, vitamins, basic metabolic needs, calories, weight of the patients (so many calories per one Kilogram) and so on ; and the forms of diet such as whey, jamket, bread, jam etc. have been drawn from European dietetic habits. This is not to be imitated by Ayurvedic Research Scholars ; Ayurveda has got its own forms of diet such as Manda, Peya, Yoosha, Mamsa Rasa, Ksheera, Kritannavarga and so on ; some of these should be instituted into usage instead of coffee, ovaltine or horlicks and so on ; Some of these forms may be modified to suit the modern taste, of course, in accordance with Ayurvedic tenets like Rasa, Veerya, Vipaka, Prabhava. New forms of diet also should receive an explanation from this doctrine. The publication of the results of dietetic research is very important at least to educate the general public on self-sufficiency of Indian forms of diet and to conserve or save some foreign exchange which is spent to some extent in importing many forms of foods from other countries. In the preparation of forms of diet and medicines strictly Ayurvedic principles have to be observed. I shall deal with this aspect in another article.

A pharmacy should be established to the hospital and a herbarium, some animals like cows, goats, etc. have to be kept for the needs of Pharmacy as well as for arrangements of diet, and for use in some forms of treatment, e.g. a form of Sirovasti with fresh cow's urine (Gomotra) may be very helpful toward offsetting an attack of coryza with headache and so on, many forms of appliances for institution of Panchakarma, Swedakarma, Snehakarma, etc. have to be provided for. A scheme for the provision of these requirement appliances and apparatus etc. may be drawn by a committee of experts.

All the above measures come under the head of Yuktivyapasraya line ; in Ayurveda other forms of treatment such as Daiva Vyapasraya and Satwavajaya have to be instituted. The Daiva Vyapasraya treatment methods are especially valuable as forms of psychotherapy on the lines of Ayurveda ; thus some forms of prayer or gramophone music or radio

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music dealing with devotional aspects or talks on religious topics in all forms of religions in separate blocks may be provided for at particular hours ; Ayurveda says that Harsha (a feeling of happiness) caused sometimes by music and by the particular talk concerning one's religion increases ojas, some forms of yogic exercises such as suitable Asanas, mild forms of Pranayama etc. may also be provided to strengthen the mind of the patient which gradually leads to Sattwavajaya in some cases. Some pictures of religious deities such as Hanuman, Rama, Krishna, Christ and posters containing sayings from the Gita, the Koran, the Bible etc. may be hung on the walls, of course in separate blocks of the hospital and this ensures more calmness of mind than any other measure—Paricharakas (Male Nurses) or Paricharikas (Female Nurses) should be respectively provided for both sexes and these should wear particular badges or emblems which infuse courage, health, hope, etc. in the patients ; we should not simply copy Allopathy in the matter of dress, or hair dress, etc.

A library containing some simple books in the regional language dealing with religion, heroism, courage, health, sanitation, etc. may be provided for and patients who can read may be given such books. Some documentary films containing the above features may specially be made and periodically shown to patients, those with chronic diseases. Of course, a good reference library of necessary Ayurvedic and Allopathic books has to be provided for the use of research workers—we have to find out our own ground and the path the ancients have trodden and assimilate all other good and useful points from all the modern systems as per the saying of Charaka. While we can learn and assimilate from others, we should not lose our own ground ; i.e. we should not forget our own principles and thus lose our individuality. Charaka never said that one should lose his ground ; Ayurveda has not only to take from Allopathy but it has much to give to Allopathy and other systems. We shall assimilate others' ideas on that principle.

A seminar may be held periodically where eminent scholars and other practical workers may have to be invited from outside even bearing their expenditure, to review the work already done and to suggest new ways and means to improve the efficiency and practical application of all the methods of research in various diseases.

All these involve much money and funds ; the Government should come forward sympathetically with liberal grants and the help of private donors, rich grateful patients and other sources may also be sought ; money need not be wasted on huge buildings or structures ; of course with simplicity, efficiency and usefulness of the hospital structures should be aimed at.

To start with a few beds for the treatment of some infectious diseases like whooping cough, typhoid fever, infective jaundice, malaria, and other sub-acute or

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chronic affections like rheumatism, anæmia, cancer, tuberculosis etc. may be taken for research ; these can be developed gradually as enthusiasm and sympathy and support on the part of the public increases as the efficiency grows in the scientific application of Ayurvedic principles—There is a great deal to be researched in the department of Iron. I have already told, researches in the department of iron reached its zenith in ancient India with the preparation of rustless iron and the reduction of iron into its minutest possible atoms so that it may swim across water like a gander and be thus absolutely free from the habit of producing constipation in the patient using it. The finding out of the above rustless properties of iron is a landmark in the chemotherapy of Ayurveda. When reduced into the finest particles Tikshna Louha (Steel) and Kanta Louha (Loadstone) are capable of producing miraculous results. When reduced with the aid of black sulphide of mercury, it is more powerful than gold, which the poor people cannot afford to buy. It is the greatest of all vitamine compounds in Ayurvedic Chemotherapy. The greater efficacy of Iron Pyrites in alleviating Vayu and Pitta has not yet been recognised by modern chemistry although it is a decided fact that Iron Pyrites have the greatest possible efficacy in curing very much chronic cases of Colic which have baffled the best attempts of the most successful physicians of the world. The Indian method of preparing iron compounds for the treatment of diabetes, anemia, obesity, liver and spleen without producing constipation is still a wonder to the modern chemists. As a restorer of the lost vitality, a giver of long life, a remover of senility and a preserver of the sexual potency, iron has no equal in the chemistry of medicines, says Gopal Bhatta in his famous compilation namely Rasendrasara Sangraha. In the field of Iron, much research work has been done by the ancient physicians but still much remains to be done. And the activities of the modern researches should be directed towards finding out the new vistas and greater avenues of truth regarding the unknown and undiscovered possibilities of Iron which plays so great a part in the composition, preservation and regeneration of blood, which lies at the root of the considerations of life principles or the vitality which maintains the constitution of all animals upto their final departure from this world.

The medicine market is studded with Louha Bhasmas made of cast iron and pyrites as belonging to hundred putams, five hundred putams and one thousand putams, i.e., the said incinerated iron has gone through so many sanskaras or inside the crucibles and worth Rs. 4/- per seer, what action can be had of the incineration of cast iron which does not possess any of the marvellous properties discovered by the Rasha-Siddhas as their arduous researches in the age of Goutam Buddha which is considered to be the Golden age of Ayurveda as the eight different branches of the Holy Ayurveda received great impetus from the research

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activities of the Ayurvedic savants in the shape of Nagarjun with his brilliant band of eightyfour research scholars in chemotherapy, Metallurgy, human anatomy, Surgery, Gynecology and Obstetrics and general therapeutics in connection with surgical cases, Jibak in Pediatrics and Cranial Surgery, Palakapya in veterinary department, Kanad in the science of Pulse, Dridhabala in the general Therapeutics, Bagbhat in the general principles of treatment as also in Chemotherapy.

The properties of iron have been categorically described by Gopal Bhatta in the following terms, namely :

आयुःप्रदाता, बलवीर्यकर्त्ता मदनस्यधाता, रोगापहर्त्ता

अयः समानं नहि किञ्चिदस्ति रसायनं श्रेष्ठतरं नराणाम् ॥"

i.e. Iron increases strength and longevity. It cures diseases and is an aphrodisiac. It is one of the best remedies of senility. It is sweet, astringent and bitter in taste. It is cold, laxative, heavy, coarse, preventer of decay and increaser of a little of wind in the system. It pacifies an excess of Kapha and Pittam. It cures toxin, colic, swelling of the body, piles, sputum, anemia, obesity, spermatorrhoea and worms. But iron to be able to be possessed of all the above attributes must be incinerated with the help of mercury. Otherwise it will produce constipation and worms in the stomach. Measures found out by the ancient researchers in the matter of removing the constipating character of Iron are being detailed below for the knowledge of the modern researchers in the field of general chemotherapy :

(1) The iron should be first of all purified and reduced into fine powders with the help of cow's urine.

(2) It should then be burnt for 100, or 500 or 1000 times according to need.

(3) It should then be rubbed with black sulphide of mercury of equal weight and rubbed with the juice of Ghreeta-Kumari and then made into a lump exposed to the sun and then put inside a heap of paddy or flower for at least three days covering it with the leaves of Akanda, and then taken out and again reduced into fine powders.

(4) It should then be rubbed in the Panchamrita of equal quantity and then burnt within the crucibles for three times and then reduced to the finest possible powder in the stone mortars and then used as ingredients of medicines for diseases mentioned above.

Thus we see that with a view to conducting research works in the field of iron as a medicinal ingredient of Ayurvedic chemotherapy, we require the ancient methods to be retold and retaught. We have no American, Russian or German pattern before us as ideals to be copied and brought into existence on Indian soil from where it has been uprooted by the ravages of time. It is anyhow protecting its solitary and doleful existence within

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the worm-eaten, dilapidated and partially torn Bhurja or Palm leaves of Pandits' beloved manuscripts with the immediate prospects of being thrown away as trash by their illiterate or half-educated grand-children who consider those bundles of their celestial forefathers as nothing but trash fit to be thrown out in the waste-paper baskets.

We wish that men at the helm of affairs of the Sovereign Republic of India, should feel some sympathy for these half-torn Talpatra civilisation of ancient India and try to print them in modern scientific ink with our machine-made paper for reviving the dying culture which speaks of their past glory and enable them to keep their head erect in the congregation of the wise men of the world. Until and unless a man becomes conscious of his heroic and noble past, he cannot make bold to stand up before the dazzling exterior of the modern science. A day will surely come when in the words of Gurudev Rabindra Nath, men of Science will be very eager to know and to get initiated into the secrets of the immortal and eternal joys of the sages of the Upanishads and of the Treta, Dwapar and Bouddha ages. But if we are not able to keep them as seeds in the famous "arch of Noah" for fear of the would-be deluge which is sure to inundate and lay waste our past hoary culture of Holy India in the froth and foam of the Industrialisation policy which our government have been compelled to adopt with a view to move with the so-called progressive people of the modern world and to avoid being frustrated in the cold war which is being carried on ceaselessly for keeping in tact the position of influence in the international politics and for selling their finished products to the teeming millions of the eastern hemisphere, who are still considered by them as nothing better than the white men's burden.

The question of manuscript literature of India is bringing to the forefront the consideration of the vexed question of the existence of a very big manuscript library at Patharghati which was included in the Nizam's dominion in Hyderabad. Dr. Md. Kasim, who was a jaigirdar of H. H. the Nizam, is the owner of this manuscript library. His forefathers were Brahmin by caste. But they had to give up their religion and embrace Islam for preventing the library from being burnt into ashes by the invading forces of Islam. It is the biggest manuscript library of the world. The contents of the library may be summed up as follows :

(1) Some of these manuscripts are reported to deal with such scientific subjects as process of embalming of dead bodies.

(2) making of a kind of glass by means of which it is possible to see through water, even the minutest article lying below its surface.

(3) arrangement for constant supply of hot water through pipes without the application of heat.

(4) growing cotton of any colour desired.

(5) Transformation of base metal into gold.

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(6) melting of precious stones and letting them have any shape and hue.

(7) Communication between two persons living thousands of miles apart from each other by means of two blocks of stone especially constructed.

(8) Construction of a machine by means of which it is possible to ascertain the nature of minerals and hidden treasure deposited under a particular soil.

Once again I appeal to our national government to purchase and preserve the above library as a national asset, otherwise it has every chance of falling into the hands of outsiders who will take it to their countries like Jute and send back in variegated colours and startle us with the glare of their newness.

Many foreign travellers and scholars have seen the library and have expressed their willingness to purchase the whole lot at a high price. But the present owners of the library are not willing to hand it over to the outsiders. They are always ready to sell it to the Indian purchasers at a much lower price. But uptil now no Indian has been ready to purchase it. Sir Ashutosh Mukherjee of Calcutta University had expressed a very great willingness to purchase it. But he could not succeed in doing so due to his sudden demise, though he made necessary arrangements to finalise the deed. As the first step towards Ayurvedic Research, it would not be too much to expect the Republic of India to take up the responsibility of buying this library for the sake of finding out its hidden treasure.

As in the field of iron, the Hindu chemists made a great deal of research work in the field of Mica. Mica of an excellent quality cures Phthisis, Jaundice, Chronic Diarrhoea, aversion to food, loss of appetite, cough and pain in the abdomen. It is greatly vitaminous and when used in combination with gold, sulphur and mercury, it acts as a marvellous tonic and is aphrodisiac in character. Essence of mica is also very efficacious. The Hindu chemists learnt the methods of extracting essence out of mica along with incineration and application in different diseases. Mica has not been used in any other pharmacopoeia than Ayurveda. Although much has been done, much remains to be done in the various departments of Hindu chemistry i.e., Ayurvedic chemotherapy. Nothing noteworthy is being done by private enterprise. It is not possible on the part of the poor Ayurvedic physicians to take to research activities on a large scale. Manufacturers of Ayurvedic medicines who have amassed fabulous wealth by selling the good name of Ayurveda, might do a great deal if so they desired. But unfortunately they are miserably lacking in the requisite knowledge of the ways and means of the would-be policy to be adopted for regaining the lost glory of Ayurvedic culture. State help is, therefore, the sine qua non of Ayurvedic Research.

As a step towards the furtherance of Ayurvedic Research, the properties of the

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following items of Indian chemistry are to be ascertained from the standpoints of Ayurvedic utilities namely, (1) Kharpar, (2) Agnijar, (3) Girisindur, (4) Rasanjan, (5) Kankustham, (6) Sourastra Mrittika, (7) Hingula, (8) Haritalam, (9) Darumuja, (10) Manahshila, (11) Langali Bisham, (12) Kalakuta, (13) Halahalam, (14) Snake poison, specially of black cobra, (15) Cow's urine, (16) bile of fish, peacock, cow, buffalo, hog and its functions in the matter of arresting the growth of typhoid fever and ultimately killing it. (18) Properties of earthworms in the killing of ulcers, sores, gangrenes, sinus etc. have to be ascertained through researches and applications to the diseases in the Ayurvedic hospitals to be started for witnessing the results of the researchers and scholars. Constant testing of the medicines in the attached hospitals where the patients will be treated only Ayurvedically is one of the most powerful factors of Ayurvedic Research. (19) Applications of copper, copper sulphate, the different kinds of organic biles, juice of vegetable bitters such as the juice of the leaves of Karala and Nimba, Cinchona, Saptaparni, seeds of Natakaranja, Karanja, purgatives like Jayapala seeds. Danti seeds, decoction of Katphala, are efficacious in warding off the external poison (Aguntuka poison) and also the internal poison produced on account of the vitiation of the internal blemishes i.e. Dosha-Dhatu and Mala constituting the body due to intemperance and prajnaparadha or the commission of sinful acts with a full knowledge of their consequences involving the violation of the laws of nature.

The nature of the Doshas i.e. blemishes are of two kinds namely, Shariravyantaraja, i.e. bodily, Aguntaka i.e. that which comes from the outside—from touching and taking in of things poisonous and contaminating in character. Ayurvedically speaking both poisons are counteracted by poisonous medicines.

This fact brings us onto the question of the theories propounded by the ancient sages leading to the finding out of the causes of diseases and also of the methods of their cure. Diseases are cured by the medicines and measures prepared with reference to the following laws, namely, (1) Hetu Viparita, (2) Vyadhi Viparita, (3) Both Hetu and Vyadhi Viparita, (4) Viparitarthakari of both Hetu and Vyadhi, (5) If things of the same nature accumulate, the result is an increase of the same things. And this is a very potent disease-producing factor.

If things of dissimilar characters are put together, the result is their decrease. (6) If the symptoms of a disease give expression to the chief characteristics of a poison, then that poison in its minutest form is the chief antidote of the disease. e.g.

"यद्रूपं भक्षणाद्देहे यद्रूपमुपलक्ष्यते तत्तस्य अगदम्"

(7) If there has been an accumulation of a strong poison in the system, then another poison similarly strong or of a stronger character is the remedy. (8) Principles of Naturopathy is also not antago-

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nistically disposed to the above principles of Ayurveda. It has within its compass the principles of Tridosha and the organic principles of Ayurvedic medicines have been prepared in Ayurveda with reference to the dictates of any one of the above theories which had been propounded by the Rishis of old for the good of humanity at large. All medical theories of the world must conform to any one of the eight theories described above.

Thus we see that Ayurvedic sages are never indebted to anybody for their medical theories. On the other hand, they are the creditors of all other systems. But scientists of the world are bringing out new items of medicines for the treatment of so-called modern diseases. But one thing is very much appaling to the physicians of Ayurveda that these medicines or discoveries are very short-lived in character as they are deserted as useless after the lapse of only a few years within which a new comer with a greater publicity takes the field and both the public and physicians manage to forget all about them.

The huge productions of the British Pharmacopoea during the earlier part of the twentieth century are lying idle and useless whereas Antibiotics have usurped the field of practice, making the exercise of intellectual faculties on the part of both the consulting and the attending physicians as unnecessary, superfluous and redundant.

On the other side of the picture, what do we see? The old Trifala in the shape of Shitakasaya, Kwath, powder, Arista Asab, Batika, Modak, Avaleha and Tinctures are being daily used, and are producing the same old good results without any reaction on the patients. Modern scientists can add to Trifala's powers and properties by further research activities and can improve upon it. But they cannot disprove the qualities found out by the ancient sages. They can put it within goodlooking capsules and nicely labelled packages to captivate the attention of the modern public having finer sentiments and refined tastes, which have undergone great changes due to the influx of foreign goods sent through very many beautiful exteriors. But while attempting to give Trifala through the capsules, we should guard ourselves against destroying the properties of the original drugs. Raulfia Serpentina produces greater usefulness when used in its original and natural powdered and pasted forms than in its mechanised outer coatings.

But if, from the point of business, it is considered expedient to have recourse to the improvements to be made in the direction of developing the external show, it should be surely done with precautionary measures involving the maintenance of its original potency in the matter of removing diseases.

Of course, external show goes a great way in the matter of popularising goods in the field of commerce and industry. But unfortunately medicine has also come down to the level of commerce in the Indian market too. And as it does no longer hold to the ancient ideal of giving the maximum

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benefit at the minimum cost and as commercialism is daily gaining ground in the field of Indian medicine, it is but wise on the part of the votaries of the Indian system of medicines, to take to research works in the matter of improving the containers and packages of the Indian medicines with a view to competing with the imported foreign medicines in dazzling and fascinating cardboard boxes, capsules and containers of variegated colours.

Of course, the Ayurvedic physicians ought to be able to adapt themselves to the changing tastes of the modern people who are now almost daily coming in contact with people possessing dazzling exterior and using things with the finest possible containers. And if in the midst of those people, our people drink tea in earthen pots and take medicines from the earthen vessels, they will sink very low in the estimation of their brethren of the foreign lands. But the finest possible container does not add an iota of potency to the medicine packed in it. And if a poor villager is made to pay on that account, it is a very sad state of affairs from the economical point of view of the father of the nation, Mahatma Gandhi who always pleaded the case of the half-naked and ill-fed teeming millions of India. But if we are to compete with the foreign capitalists who are straining every nerve to overflood the Indian market with foreign medicines, we cannot but make researches in the direction of making the containers of the Indian medicines for the purpose of making them quickly acceptable to the customers. Ayurvedic medicines are not acceptable to people having finer tastes and sentiments because of their bad exteriors and cruder ways of administration. Methods of administration have also to be changed and researches in this direction also are to be made. And in these fields, the Ayurvedic physicians must sit at the feet of their European professors and experts for training in the departments concerned.

If the famous and unchangeable medicines of Ayurveda such as (1) Brihatbat Chintamoni, (2) Rasa Raja Rasa (3) Jogendra Rasa, (4) Krishna Chaturmukha (5) Chintamoni Chaturmukh, (6) Trailakya Chintamoni Rasa (7) Brihat Kasturi Bhairab Rasa (8) Brihat Suchikabharan Rasa (9) Basanta Tilaka Rasa (10) Mriganka Rasa (11) Brihat Kanchanabhra Rasa (12) Sarbanga Sundar Rasa (13) Rasatalak (14) Mukaradhwaja (15) Samirapannga Rasa (16) Harital Bhasma (17) Swarna Parpati (18) Bijoy Parpati (19) Mouktika Joga (20) Prabalpanchak and many others are packed in modern containers, they will have a greater appeal and attraction to the people of the whole world. The above-mentioned medicines have a universal appeal as they will continue to do good to the people irrespective of age, climate and country for all times to come because of their permanent qualities.

The following Ayurvedic medicines having permanent value and universal remedial appeal irrespective of caste, creed and clime in the finest possible outer exteriors with the object of pushing up their sale in the world markets with a view to giving the time-honoured Indian remedies invented

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by the vedic sages and savants of the science of Indian medicine which saw the light when the other parts of the modern civilized world did not emerge into existence and colonised and discovered for accruing a good revenue to the Indian exchequer. (1) Makaradhwaja (2) Chyavanprash (3) Mritasanjibani (4) Brahmi Rasayan (5) Chandra Rasayan (6) Bhallataka Rasayan (7) Amlaki Rasayan (8) Nagabala Rasayan (9) Amrita Bhallataka (10) Falakalyan Ghreeta (11) Brihat Satabari Rasayan (12) Arjuna rista (13) Ashokarista (14) Dasumularista (15) Kumariashab (16) Aswagandharista (17) Saribadyasab (18) Jeerakadyarista (19) Louhasab (20) Mustakarista (21) Amritarista (22) Mahasankha Dravak (23) Abhaya Laban (24) Lavan Bhaskar (25) Sitapaladi Churna (26) Lakshadi Churna (27) Basabaleha (28) Kusmanda Khanda (29) Haritaki Khanda (30) Adrak Khanda (31) Chhagaladya Ghreeta (32) Jograj Guggulu (33) Brihat Kasturi Bhairab (34) Rasaparpati (35) Jvaari Bhairab oil (36) Lakshadi oil (37) Suchikabharan (38) Ahiphenasab (39) Batabalarista (40) Lokenath Rasa (41) Nabhi Sankha Bhasma (42) Ushirashab (43) Draksharista (44) Madhyam Narayan Taila (45) Maha Narayan Taila (46) Kubja Prasarani Taila (47) Dashamula oil (48) Maha Dashamula Taila (49) Maharaja Prasarani Taila (50) Sree Gopal Taila (51) Kandarpasar Taila etc.

Female Diseases

Researches into the causes of the prevalence of female diseases, in the shape of cancer, tumour, hemorrhage, white leucorrhoea, dysmenorrhoea, insanity, heart diseases in the shape of coronary and cerebral thrombosis, high and low blood pressure, anæmia, nephritis, jaundice, obesity and dropsy among women, is a prime necessity of the modern Indian health services.

Abortion

Abortion lies at the root of most of the terrible cases of excessive hemorrhages which ultimately result in periodical heavy hemorrhages, tumour upon ovary, which also ultimately turns into cancer. Sometimes, this periodical heavy hemorrhages bring in anæmia and dropsy resulting in untimely death.

According to the principles of Ayurveda the practice of taking recourse to abortion is one of the most aboninable crimes that are ever committed by men. Considered from the medical point of view, it is beset with a very large number of dangers in the shape of causing such diseases as diabetes, hemorrhage, tumour, cancer, high blood pressure, anæmia and dropsy.

From the moral point of view, it is as good as culpable homicide and brings in an endless amount of unhappiness to the person who commits this offence and surely inflicts upon him or her the severest possible mental pain which ultimately brings about his or her death. Charak has said that,

"प्रज्ञापराधं हि विद्यात् सर्व्वदोषप्रकोपकम्"

i.e. the commission of an offence with a full knowledge of its consequences is the

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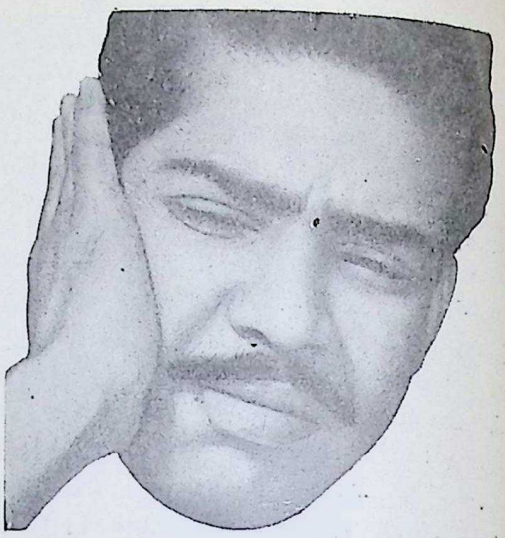
aggravator of all the doshas or blemishes within the body and thus is the maker of many obstinate diseases.

That sin is a causative factor of diseases is not acknowledged by modern sciences. But it is so done by Ayurveda. Scholars and Scientists should engage themselves to see to this side of Ayurvedic Etiology and Pathology. And this is sure to open up a new source of knowledge to them.

Speaking quite generally abortion is caused by poisonous and harmful drugs. It is like snatching away by force, the green and the unripe fruits from the branches and offshoots of a green and goodlooking tree capable of giving an abundance of fruits and flowers and cool shade to the people that would be coming underneath its green foliage. Thus abortion causes a great wound to the mother's womb and inflicts a permanent injury to both the ovaries which ultimately become subject to excessive menstrual discharges (Asrigdar according to Ayurveda) leading to Pernicious anæmia, Nephritis, Diabetes, Albuminuria, Dropsy and high blood pressure. And these are in most cases fatal diseases which cut short the span of life prematurely and bring infinite pain to the inmates of the family she belongs to. It is a matter of infinite regret to us all that the practice of making abortion is now being connived at by almost all the governments all over the world. But this practice did never have the approval of the Hindu rulers of India. On the other hand, they took serious steps for preventing this heinous crime.



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Researches into the causes of the various kinds of female diseases which have sprung up and are daily springing up as a result of using contraceptives in the shape of rubber goods of various kinds.

The use of rubber goods prevents both man and wife from getting the full satisfaction of natural sexual intercourse, from the natural cravings of which no human being is seldom free and the desire of which is almost a constant companion of all human beings upto a certain good old age according to the authors of sexology. But if sexual intercourses are held naturally, both man and wife are benefited by the hormone discharges of both the parties. Now, if any of the two parties wear contraceptives, the result is dissatisfaction of both the parties which ultimately tells on their constitution and mental peace. And the loss of mental peace creates a rupture in the sacred family life and ultimately produces insanity in either of the partners. The very wide prevalence of mental diseases in the most progressive countries of the world is a very ample testimony of the powerful factor of the habit of using contraceptives by young married and even unmarried persons of the modern world. The health of both man and wife, is bound to deteriorate for want of the absorption of hormone discharges. It is, therefore, desirable that the practice of using contraceptives in the shape rubber goods should be totally discontinued as it is a very fruitful source of producing disruption in the personal life and the family life as well. It is also a strong causative factor of heart diseases which are baffling the most strenuous attempts of the most successful physicians of the world.

Sterilisation of women with the help of the knife is another subject causing a great concern to the researchers and scientists and medical students of merit. Modern fashionable women prefer to be sterilized and are unwilling to be mothers after producing one or two children partly with a view to avoid the botheration of rearing up of children (which the ancient motherhood of India preferred above everything) and partly with a view to lead a care-free life which motherhood does not often allow.

Early sterilisation and sterilization before menopause is a matter not to be trifled with. It is a practice fraught with very serious consequences as it is capable of bringing in serious diseases to persons concerned. Such diseases as plethora, tumour, cancer, menorrhagia, dysmenorrhea, dyspepsia and heart diseases are in most cases the outcome of early sterilisation. The above view is the result of the examination of numerous cases of sterilized women who have come to us for examination and treatment of diseases mentioned above.

Family Planning and Birth-control are terms of recent origin; whereas "increase and multiply" were the orders of the Lord Jesus. Man is born according to the desire of God. He recreates Himself with the object of the growth of the people.

"एकोऽहं बहुस्यामः प्रजायै।"

i.e., I am one but I shall make myself

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many for the growth of the people—for their prosperity and welfare.

According to the priciples of the Science of life i.e. Ayurveda. God enters the mother's womb at the time of the conception and he recreates Himself. And the result is the birth of a child. We have never heard of the long life of the Test Tube children of the modern investigators.

Our Shastras have enjoined sufficient restrictions upon undue indulgences in sexual pleasures of the married and the unmarried people. If at least some of them are adhered to partially, the result would be quite satisfactory. Mahatma Gandhi, the father of the modern Indian nation, Ramkrishna Paramhansa, Vivekananda, Rabindra Nath, Aravinda, Dayanandaji Saraswati and even our living saint Vinovaji Bhabe have all expressed their opinion against the adoption of artificial measures for birth-control.

It is a matter of everyday experience that the perpetration of abortion and the adoption of artificial appliances have met with absolute ill health, sudden heart failure, diabetes, cancer in the genital organs, tumours in the lower abdomen, menorrhagia, dysmenorrea, melancholia, suspicion leading to insanity of a very inveterate type and above all, the desire for not becoming good mothers and producers of children like (1) Sree Ram Chandra, (2) Sree Krishna, (3) Goutam Buddha, (4) Shankar, (5) Nimai, (6) Ramkrishna, (7) Bamacharan, (8) Surendra Nath, (9) Bankim, (10) Lal, (11) Bal, (12) Pal, (13) Modan Mohan Malaviya, (14) Sir Ashutosh, (15) Rabindranath, (16) Vivekananda, (17) Aravinda, (18) Chitta Ranjan, (19) Mohan Das Karamchand, (20) Jawharlal Nehru, (21) Subhas Chandra and numerous others who are sons of mothers who had given birth to a large number of children and never used contraceptives. Susrutu has said rightly,

"देवताब्राह्मणपरा शौचाचारहितेरताः।
महागुणान् प्रसूयन्ते विपरीतास्तु निर्गुणान्॥"

i.e. It is only those ladies, who are devoted to gods and saints and are of clean and clear habits, that give birth to children who become possessed of very high attributes. And those ladies who are just the opposite, give birth to children having no good qualities whatsoever. Ladies who adopt various measures of birth-control, gradually lose their first and foremost qualities of motherhood and the natural and softer qualities of womanhood, who are, according to the desire of God, created for removing the stress and strain of mankind. Sterilization removes the softer qualities of womanhood and renders women mannish in nature and perverse and peevish in tendencies, and ultimately callous to the taking of interest in the household affairs. The researchers of the Ayurvedic sciences will have to take into account the above state of affairs which have come into existence as a result of the adoption of the western measures of family planning, artificial procedures of birth-control by sterilisation, use of rubber goods and measures and medicines for destroying the ovum and spermatozoon

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responsible for the production of the foetus in the womb of the mother.

The Ayurvedic Pandits, Scholars and researchers will have to prove to the modern people whether the state of affairs noted above, will be congenial and conducive to the welfare and growth of resurgent India, and whether the natural and simple habits of the ancient motherhood of India will be needed for the creation of a band of fearless, bold and pious sons who will carry the banners of Indian culture to the forefront of the world scientists of the so-called progressive world in which the heat of the cold war is daily becoming unbearable to persons who have eyes to see and mind to think upon facts and events taking place in the different parts of the world today.

The Ayurvedists cannot be straight imitators of whatever is coming from the outside without caring for their consequences. For the Sutra or the principles which guides the Ayurvedists is the following ever-memorable Sloka of Susruta

या तूदीर्णं शमयति नान्यं व्याधिं करोति च।
सा क्रिया न तु या व्याधिं हरेदन्यमुदीरयेत्॥

The procedure that cures a disease and does not produce another in its place, is a measure to be adopted and not a procedure which cures a disease but produces another in its place. If sterilization prevents conception, it is good. But if it brings in tumour involving a major operation or a cancer causing endless troubles or insanity involving serious mental agony not only of the patient but also of the near and dear ones of the patient concerned, it is to be detested by all means.

Vishnu Sharman, author of the famous Hitopadesha, has, therefore, said to the following effect,

"उपायं चिन्ययेत् प्राज्ञः अपायमपि चिन्तयेत्॥"

The wise should think of both the pros and cons of every subject and then decide about its acceptability or otherwise.

The orthodox type of treatment of female diseases by the application of medicines as it is more popularly described by the Allopaths of our times is gradually being detested by the general public of India in preference to treatment by operation and X'Ray and Radium Therapy. Females having mannish tendencies of life, slavishly taking to the modern ways of life in absolute derision of the old rules which guided their grandmothers who lived up to a very good old age with very good health and peace of mind undisturbed due to the possession of strength necessary for the performance of the duties of life with unflinching devotion. One of the main causes of the prevalence of the female diseases is the non-observance of the rules to be observed during the menstrual period. Before our very eyes, modern women go to the cinemas, clubs and dancing houses, enjoy feasts and dinner parties, undertake journeys by motor cars and planes to distant places, eat and drink forbidden foods and commit many such things as are strictly forbidden in the "Rules of Indian Hygiene" guiding the lives of Indian women after they have attained puberty.

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Formerly our mothers used to teach our daughter-in-laws the social, moral and religious aspects of the observance of rules regulating the habits of life during the menstrual period, pregnancy and after delivery.

But nowadays as ill luck would have it, the race of ladies understanding the rules guiding the sacred married lives of the mothers and sisters of the great Indian nation is gradually going to be extinct and a race of ladies having outlandish tendencies and ways of life are coming to the forefront to the absolute detriment of the great Indian nation, having a superior and scientific culture in the background.

It will be the duty of the new researchers to see that the outlandish ideas creating a great chasm in our time-honoured tradition and culture are removed from the society and the life-giving and healthy practices of life, which were responsible for building our society and nation on a healthy and sound footing are preserved and repeated by our womanhood with the same tanacity of purpose as their old grandmothers used to show in the observation of those healthy practices and principles of the Tropical Hygiene.

It is then and then only that real purposes of the new researches in the department of Hindu medicines will be served, the superior merit of the Ayurvedic scholarship will be re-established on the soil of its birth—the great sovereign republic of India.

Points to be noted by the researchers of modern Gynecology and Obsterics :—

(1) The Indian womanhood is always reluctant to expose their private parts to the male physicians even at the point of death.

(2) While in their senses, they always refuse to be roughly handled by the male Gynecologists and Obstreticians.

(3) It is, therefore, necessary that a very powerful and expert Ayurvedic band of female Gynocologists and Obstreticians are to be created for the purpose of getting our mothers and sisters to get accustomed to the methods introduced by the modern Gynecologists and Obstretricians.

(4) We have no fear for ladies having ultramodern tendencies who imitate the traits of their sisters in the so-called more civilised and more advanced countries of the western world and America, but we have grave doubts for our so-called half-educated and ill-educated bashful sisters of the east who prefer death to dishonour of any insignificant type, causing their sense of self-respect and self-preservation to be perturbed on account of their possession of a sense of sentimentalism in a prominent degree.

(5) But the condition of life is fast changing. And the time spirit is playing havoc on the eternal ideas of our sense of morality. If

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we place, side by side with Sushruta's teaching of the rules to be observed during the period of menstruation, for the purpose of guarding against the advent of innumerable obstinate female diseases and also for the purpose of producing healthy offsprings who would shed lustre not only on the family around but also on the whole nation he belongs to, and the procedures to be adopted by our mothers and sisters for making the modern family planning and birth-control policy successful, our heads stoop down in utter shame and repugnance. But if it be the policy of the Sovereign Republic of India, we shall have to brook it. But we shudder to think of its possibilities and potentialities in undoing the great Indian tradition and culture which produced Uma, Maitreyi, Gargi, Khana, Lilabati, Sita, Savitri, Sati, Behula, Padmini and others of sacred memory. The question of over-population has not appeared for the first time in the world of our days. The question was there in all the four Jugas namely, Satya, Treta, Dwapar and Kali of the then colonised Aryavarta. But rulers of the days did not try to solve the problem by putting an artificial check upon the natural procreative faculty of mankind. Space prevents us from going into details of the measures adopted by the ancient rulers of India to cope with the problems of the over-growing population, which had been the order of the world, since Swayambhu Brahma first created himself for his beloved creation of the present universe of ours with its paraphernalia.

As regards maternity and child welfare, researches into the time-honoured Ayurvedic rules are to be immediately made. Because the adoption of the western methods for the antenatal and postnatal care are bringing results leading to far-reaching consequences in the field of mother and child welfare.

According to the Indian system of treatment no solid food should be given to the mother during the first four days after delivery. On the fifth day the mother gets solid food to eat. The child begins to drink cow's milk, breast milk and in case of necessity goat's milk or ass's milk.

There is a great utility for the mother being confined to a room for twenty-one days where she is besmeared with mustard oil and given hot fomentation at least twice daily. As a result of the application of swedem or fomentation, the watery portion of the body is purged off and the mother develops good and rich blood for the maintenance of the body.

And a result of 21 days' rest and nourishment with good food and drink, the mother quickly recoups her lost vitality and becomes fit for household duties and child-rearing. And such diseases as

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headache, indigestion, pain all over the body, diarrhoea, drying up of the constitution, more popularly known as Sutika which is mostly caused either by an excess of wind and by a decrease of wind or by a loss of wind as the case might be, do not occur.

The western method of antenatal and postnatal care which is being introduced into every nook and corner of modern India is to be tested in terms of the Indian mode of living.

In most cases, the western methods of the management of labour cases are taken recourse to by the men of the metropolis for the shorter duration of the period of confinement and also for the absence of dietary restrictions.

Researches into the causes of the restrictions to be imposed on mothers after delivery are to be made. The results to be published in the attached hospitals where labour cases are to be handled according to the system of treatment as recorded in Kaumara Bhrittya where diseases coming from the maltreatment given to patients after delivery are beautifully described.

It is our everyday experience to see that mothers are falling victims to diseases mentioned above for coming under the western method. Researches into the superiority or otherwise of the Indian methods are to be carried on in the maternity homes built after the patterns mentioned by the Indian authors of the success of Ayurveda.

Researches into the rules of diet to be followed both before or after delivery are to be carried on with a view to make a comparative study of the system of dietetics to be followed for the creation of a new band of healthy children necessary for spreading the gospel of Indian culture based on the ideals of Upanishads on the ideals of truth, love and a disciplined life of self-sacrifice. Resurgent India needs a preponderance of men having superior culture, having faith in the wiser dispensation of the Almighty God.

The use of antibiotics in children's diseases is not producing the desired results. On the other hand, it is producing serious reaction in many cases. Researches into the propriety of giving antibiotics through injections are also to be made for the establishment of the truth regarding the treatment of the infants. The natural and simple treatment given from the herbal store-house of Ayurveda is absolutely harmless and should be widely used. It is cheaper than even Homeopathy. Raw juice of the Vanaspatis, powdered Trifala, Trikatu, Trisugandhi, Trimada, Chaturjata, honey and Makaradhwaja are perennial sources of medicines to be prepared for the benefit of the children of the world.

According to the fundamental principles of Ayurvedic treatment, blood is the principal source of life. Susruta has rightly said that

"देहस्य रुधिरं मूलं रुधिरेनैव धार्यते।
तस्मात् यत्नेन संरक्ष्यं रक्तं जीव इति स्थितिः॥"

i.e. blood lies at the root of human consti-

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tution. The human body is protected by the blood, we should, therefore, protect blood by all means for this is life itself. Long before the dawn of modern civilisation, Susruta became conscious of the theory of circulation of blood and all facts regarding its composition and maintenance in the body. And according to Susruta, bloods belonging to two separate persons seldom agree. And the diseased or weak blood never agrees with the young blood. It is only in cases where young or strong blood has been spilt—lost or destroyed in any way due to immediate accident, the strong and fresh blood can be transferred to make good the loss caused by the going out of the fresh blood from the constitution of a healthy body due to some immediate accident.

But if, on the other hand, the young and fresh blood is transfused to recoup a loss of blood produced on account of a long-standing disease which has rendered the blood weak and defective from the point of view of Ayurvedic Tridosha theory and Pancha-mahabhutavijnam. According to the principles of Tridosha, human constitution is divided into Ekadoshaja, Dwidoshaja, and Tridosaja. The principles of the Panchamahabhuta i.e. earth, water, heat, air, ether are intermixed in their constitution in different proportions partly according to the desire of the Maker, which is the result of his or her Anadi Karmaphal or eternal desires for activities and their results according to the desires of the Bidhata Purusha or the endless and eternal universal soul, and partly according to the prevalence of the doshas, dhatu and mala of the constitution of the parents at the time of the birth. The Hindu theory of the creation of Jibas—or human beings emphatically states that God enters the mother's womb at the time of conception, with a desire of recreating Himself for the growth of the people as has been already described in detail.

According to the basic principles of Hindu Philosophy, every man is created according to his own Karmaphala and as such the nature and constitution of every man is fundamentally different from each and every other man. So Susruta is perfectly right when he asserts that the bloods of the different persons will never agree and if the one be added to the other, the result will be as good as a Salya or a spear or a splinter or a cutter or a sword, which is sure to increase the Kaphadhatu or the watery portion of the constitution and destroy it altogether by making a heavy discharge of watery stool which is nothing but the main stay of life as has been rightly said by Sasruta,

"मलायत्तं बलं पुंसां शुक्रायत्तं जीवितम्"

i.e. human strength is always preserved by malas and his life by his semen. So when the constitution is absolutely purged of the malas, it is bound to succumb to outer elements vide—"पञ्चत्वमायान्ति विनाशकाले" i.e. at the time of death, when the Atman leaves the body in the shape of wind and is mixed with the external wind, the remaining parts of the body are mixed

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with the outside world or the Pancha-mahabhuta.

According to the fundamental principles of Ayurveda, the Bhaba Samanya is the only causative factor of Bhaba Briddhi. Charak has rightly said,

"सर्व्वदा सर्व्वभावानां सामान्यं वृद्धिकारणम्।
ह्रासहेतुर्विशेषश्च प्रवृत्तिरुभयस्य च ॥"
इति चरक-सूत्रस्थाने १म अध्याय'

"If equals be added to equals, the result is an increase of the equals. And if two things, possessing opposite virtues are added together the result is a decrease of the both."

Now if two bloods possessing a very little difference in the character of their composition, is joined together, the result is the decrease or derangement of the quantity of the one. And in most cases, the result is the increase of the watery portion in the constitution into which all the created objects of the universe will turn when the present cycle of creation will come to an end. Similarly, if the transferred blood does not agree with the blood lying within the constitution of the ailing patient, it suddenly transforms the whole blood into water and there is an increase of Kapha (water) in the system which ultimately seeks to inflame the lungs and there is the breathing difficulty and the patient in most cases succumbs to respiratory failures. In patients having weak constitution and impaired vitality, the increase of Kapha (watery portion in the body) is invariably the case as is seen in the case of our everyday and ordinary experience, when we see that two inks of two different makes do never agree when mixed together, and invariably the result is a production of water.

Readers of this essay may raise the question of the scientific grouping of the two different types of blood. But we are very much constrained to remark that the modern investigations into blood chemistry, have not yet been successful in finding out the properties of blood absolutely. It is still in the process of making and as such there is always a possibility of the existence of an unknown and unthinkable property in the blood of a certain ailing patient, which has not been palpable to the discerning eyes of the modern investigators of blood chemistry. And there is always a veritable difference between the blood of an ailing patient and the blood of a healthy person who has donated the blood to the blood bank and who was in a position to donate blood to the bank because of the exuberance or excess of superficial blood in his system which is and always must be of a quite different type due to the difference in the fundamental component parts composing the constitution in question.

Our contentions will be more palpable and more easily convincing to the readers, if we cite the examples of the Hindu Theory of the constitution of matters according to the salient principles of Sankhya, Patanjal, Nyaya and Vaisheshika of Indian philosophy which tries to explain the underlying principles and thought about the paraphernalia of the existing univese.

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We have already explained the सामान्य (Samanya), विशेष (Vishesh) of the Nyaya system of Indian philosophy. If properly understood, this can explain away all the different viewpoints of the composition of matters of different types.

According to the salient points of Pancha mahabhuta-vijnan of creation, there was nothing but void at the time of the first creation. It is said in the Sruti that

"आकाशात् वायुः, वायोरग्निः
अग्नेरापः अद्भः पृथी ॥"

And from the Void or अव्यक्त or Unseen, the seen world has come into being out of absolute desire of the Almighty. And thus there was ether, from the ether, wind came into existence. From the wind heat came into existence. And from the heat water came into existence. And from the water, the earth. And the attributes of all the above five elements are interrelated. And as such they are all to be found in the earth from which all the created beings, both animate and inanimate, have sprung. And ever since the first creation, all the created beings are undergoing transformations and all the elements of creation are interrelated in the matter of creation and reproductions of the earthly objects.

According to the basic principles of Ayurveda, blood is created out of the Tejas element or heat metabolism. And any transformation of the elemental heat leads upto the production of water. Moreover, according to the Tridosha theory of Ayurveda, namely

"दोषधातुमलभेदात् प्रकृतिभेदः"

i.e. the character of the created beings is different according to the difference in the Doshas or blemishes producing the constitution. So according to the basic principles of the Pancha Mahabhutavijnan,

"गुणभेदात् प्रकृतिभेदः"

i.e. the difference in the attributes of the constituent elements of a particular thing causes difference in the sum-total of the thing produced.

The causes of the differences in the gradation and properties of things are to be found out in the differences of the gradation of properties of the constituent elements of the atoms constituting the said things.

Researches into the ancient Indian atomic theory and the theory of the constitution of matters and theories relating to the creation of world and those of the living beings and other organic substances of the world should be seriously undertaken by the students of merit under the guidance of the veteran Ayurvedacharyyas.

Now let us recapitulate the points to be noted in connection with the transfusion blood for the investigation of the chemists engaged in the department of knowledge of which so much of propaganda work has already been made and so much is still being made daily in the birthplace of Purnasbashu, Dhanwantari, Charaka and Susruta who propounded not less than six thousand years ago all knowable facts regarding the composition of blood in the human constitution through the medium of their discussion of the Pitta Dhatu or

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the heat metabolism of the Tridosha theory of Ayurveda.

(a) And according to Susruta no two bloods can ever agree.

(b) You may divide them into different grades, or groups, but there must be some loophole which will make the coming together of the two detrimental to the best interests of the persons for whom it is done.

(c) The fresh blood of the healthy and the strong should never be injected to replenish the loss of blood of a person rendered weak, pale, emaciated and sullen due to the pressure of longstanding diseases which have corroded and shattered the health of the one. If it be given, due to want of requisite experience and want of full and competent knowledge in this regard, it will act as a splinter or a spear or a missile instantly capable of putting an end to the life of the person concerned.

"दत्तञ्चेत् शल्यवद्भवति" इति सुश्रुतटीकायां भानुमत्यां चक्रपाणिः।

e.g. "And if it is given, it will act as a splinter" says Chakrapani in his Bhanumati Commentary of Susruta.

(d) And there is an ample truth in the statement made above as it has been the bitter experience of many of the veteran physicians of the world that the application of the fresh blood into the constitution of weak persons, has been always fatal, although it has been applied after the ascertainment of groupings of which so much inadequate representation has been made by the physicians of the blood bank.

(e) In cases of the both the persons being strong, blood belonging to the blood relation, may, after very very mature and serious deliberations be given to the strong patient rendered immediately weak by sudden discharges of blood due to both external and internal causes requiring immediate attention and instantaneous remedy.

(f) The strong man's blood kept in the bank in an artificial and unnatural atmosphere, with equally artificial measures for preservation, should never be agreeable to the weak man's system rendered dilapidated due to protracted illness.

(g) But it is given by many modern physicians only on the strength of artificial grouping. And the result is invariably fatal in many cases. The physicians know it. But they do not refrain from doing so. It should be the duty of modern researchers into the science of the chemistry of blood to warn them seriously against doing so.

The peace and happiness many a family have been destroyed by the adoption of the said false policy on the part of many modern physicians who do not care to go through the more enlightened and salu-

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brious advice of Susruta, the father of all thoughts in connection with blood of the human constitution.

(h) The above statements are based on facts relating both to theoretical and practical experiments of a band of Ayurvedacharyyas who have not only read and mastered the science of life, but also have gained practical experience in numerous cases of untimely, unnatural and suffocating deaths resulting from respiratory failures due to the excessive increase of Kapha (or the watery portion of the body) which is the next transformation of the degenerated Pitta according to Ayurvedic Physiology—a vivid account of which has been given in the Tridosa theory of Ayurveda in which all the physiological and pathological principles of Ayurveda have been fully described. The impression of the modern men of science that Ayurveda has no physiolgy is based on wrong information and on the false propaganda carried on by a band of pseudo-Indologists who do not possess the capacity for going through the contents of pure Ayurveda written as it is in the classical Sanskrit and through the medium of technicalities unknown to them. Moreover, the modern men of science do not form independent opinion based on independent and personal reading but on the other hand they form their opinion from their study of the books written on Indology by interested and biased persons who are not one and the same in their mouth and mind as the scholars of superior understanding are expected to be and who have always tried to impose upon the minds of the eastern students and readers the false superiority of the Biblical culture to the time-honoured vedic culture of the earth. Let the modern scholars and scientists read the works of their own heritage in the original and testify to the truth of the above statements based on independent reading of the original texts of Indology extending over a period of almost half a century. As India has attained freedom, the hide and seek policy of the west must end.

Researches into the vast expanse of Ayurvedic Materia Medica is like crossing the mighty oceans of this wide world. There is no end of the ever-changing sights which captivate the attention of the onlooker and keep him deeply merged in the perennial playfulness of the Almighty and make him oblivious of the troubles and tribulations of the commonplace world, full of petty jealousies, bickerings and quarrels which take away much of the juice and zest of life and make us squander our energy which if it had not been so squandered could have produced much that is real and beneficial to mankind.

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The vastness of Indian Materia Medica, and its rich storehouse became palpable to the sojourners of England in the early 19th century and they made a very wide survey of the whole of India in search of the medicinal ingredients and have recorded the results of their investigations in the books named Indian Materia Medica (Materia Medica Indica). Of course, long before the coming in of the Britishers, Ayurvedic physicians of India made very many extensive research works in the department of Nighantu or Materia Medica. Dhawantariya Nighantu, Rajballav Nighantu, Raj Nighantu, Drabya Guna Sangraha, Drabya Gun Vijnan, Madanavinode and Bhabaprakash Nighatu are some of the best works on Ayurvedic Materia Medica. Ayurvedic Materia Medica is divided into various sections and subsections dealing with the entire animate and the inanimate objects of the world. Charak has gone even further in his delineation of the medicinal ingredients of India and has remarked that, "नानौषधिभूतं जगति किञ्चिद्द्रव्यमस्तीति" There is nothing in the world which cannot be utilized as medicines. The Researchers must have the requisite patience to acquaint themselves with the numberless articles which are lying hither and thither and everywhere in the vast expanse of the wide republic of India.

We have said before something regarding the mineral ingredients of Indian Materia Medica. Much remains to be told and investigated regarding the vegetable kingdom of the medicinal ingredients.

At present many of the fifty Maha Kasayas of Charaka are not to be found. The substitutes introduced by Kaviraj Govinda Das Sen, the famous author of Bhaisajya Ratnabali of Bengal, are used by most of the physicians and pharmacists of modern India. The fate of the 37 Ganas of Susruta has been the same. We have not had amongst our student community any one who possesses the genius and energy of a Jivak to go over the eighty-four square miles round our beloved Taxilla, Baranasi and Nalanda of sacred memory to find out a Vanaspati which does not possess any medicinal attributes.

By the side of the Ayurvedic colleges, there should be attached Ayurvedic gardens where the students should get the opportunity of acquainting themselves with the herbal ingredients. But it is not done.

It is a matter of deep regret that the forests and jungles around the country-sides are being needlessly destroyed nowadays for human habitation and other purposes. And many important Vanaspatis are being destroyed for ever. Names of many of the trees, plants, creepers and herbs are known only to the cowherds, sages, bird-catchers and other inhabitants of the forests. These people know the herbal ingredients by names and outward shapes. Charak has asked the Vaidyas to take their help in the matter of recognising the different medicinal ingredients of the forests. Charak says :

"औषधीर्नामरूपाभ्यां जानते ह्यजपा वने।
अविपाश्चैव गोपाश्च ये चान्ये वनचारिणः॥

The ancient physicians of India have

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prepared the list of all the available medicinal ingredients and have divided them into so many Vargas or Groups for the convenience of the physicians, patients and students. The Brikshayurveda of Sarngadhar is also a very notable contribution of the ancient physicians in the department of Botany. Herein the sages have described the different kinds of trees with their attributes, the diseases to which the trees are subject, their treatment and also the methods of rearing them upto full growth, the utility of their leaves, roots, fruits and flowers. The ancient kings of India used to maintain upabanas and gardens for enjoyment. We have got descriptions of these forests in the book namely upabanabinode.

During the reign of ancient Hindu Dynasties there were many reserved forests which were being inhabited by the hermits and sages who used to perform penances and sacrifices in those places for the attainment of the highest philosophical knowledge and the growth of a religious life among the hermitages in those bygone days when the oupanisadic literature of India came the existence.

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Ever since the fall of the Hindu Dynasties of India, the cause of the hermitage of forest life has suffered a great deal and consequently of the Indian culture which flourished in forest life. Forests having ancient name and fame, have gradually disappeared and no attempts had been made by the foreign rulers who kept India under their subjection for a very long time, to revive the forest life where Indian culture flourished. So for want of state help and state patronage, the botanical gardens of India were destroyed. Man has destroyed much of nature's beauty in his mad and wild haste for the acquisition of supremacy over nature. Our activities in this direction have not yet abated. And the struggle between man and nature is daily increasing.

A very great deal of research work has to be done in the department of Indian Botany and Herbarium. If the Republic of India decides to open and establish a big botanical garden of the type of the big botanical garden of Shibpur, it will be for the regeneration of the Indian herbal system of medicine which is the richest in the world. From the point of view of Ayurvedic medicines of the Pachan or Decoction School of treatment, which affords the simplest type of treatment to be given to the people is the maximum amount of benefit given at a minimum amount of cost.

It has been said that

"सुर्व्वेषु भेषजेषु पाचनमृषिभिः श्रेष्ठमुच्यते"

Of all the medicines, the Pachan or decoction of vegetable ingredients is the best. Moreover, it is always a pleasure to see the green herbs, creepers, trees, and their fruits, flowers and leaves. And it is always very refreshing to be able to drink their decoction which is always fresh and free from contamination as the other manufactured drugs of imported origin possessing the stamp of commercialism on its whole body.

Without the help of the state at its back for its maintenance, it is not possible for private enterprise, to start a botanical garden of Indian plants, flora and fauna Beerut, Lata, Pratana and Ousadhi numbering more than two thousand and five hundred. Charaka Chaturanana Chakrapani as an original writer of merit on Ayurvedic Meteria Medica, Pharmacology and Therapeutics is said to have stated in the middle of the eleventh century that he quoted only those medicines in his great compilation named Chakra Datta, the ingredients of which could be easily gathered in Bengal. It is, therefore, a very important point for the researchers to note that in Chakrapani's Bengal almost all the medicinal ingredients belonging to the herbal kingdom could be found.

But since the time of Chakrapani there has been a great change in the medicine market of India due to want of state patronage. Chakrapani was a Rajvaidya of the Pala kings of Bengal, who took great pains to feed the Vaidyas of the day for the maintenance of the health services of the then Bengal with their help and guidance. Even the kitchens of the

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princes and potentates of those days were not without the direct vigilance of the Vaidyas who were masters of the knowledge regarding the cooking of food and the kind of food to be taken in different seasons of the year. Chakra Datta says

"गोड़ाधिनाथरसवत्यधिकारी पात्रः"

(Vide the last sloka of Chakra Datta)

But as ill luck would have it, there has since been a very considerable change in the educational field of India, the consequences of which have adverseiy affected the mental atmosphere of even the educated community of India who have lost their capacity for knowing their cultural heritage which is in no way inferior to any other culture that the world has ever seen. Our government has not been grateful to Ayurveda which has fostered their forefathers with her breast milk, which also the teeming millions of India have copiously drunk for maintaining their health and happiness ever since the downfall of civilisation right up to the time of the unhappy Muhammedan invasion of India in the 12th century A.D.

Researches into the nature, quality, identity and availability or otherwise of the following ingredients are to be carried on with a view to implement the decreasing strength of Ayurvedic Materia Medica containing an endless list of articles to be used as medicines.

The following articles of dubious character are being mentioned at the first instance.

(1) Nagabala, (2) Brahmi, (3) Prishniparni, (4) Mandukaparni, (5) Rasna, (6) Nitanti, (7) Zangid, (8) Meda, (9) Mahameda, (10) Jibak (11) Rishabhak (12) Riddhi, (13) Briddhi (14) Somalata, (15) Laksmana, (16) Hastikarna Palash, (17) Ghosalata, (18) Ucchata Mula, (19) Swetaparajita, (20) Nagdamani (21) Iswarimula, (22) Langali, (23) Kalakuta (24) Halahala.

The following articles are not being available in the market in their original natural forms but they are being available in their artificial forms which are ineffective in medicines, e.g. (1) Bansalochan, (2) Hingula, (3) Amlasar Gandhak, (4) Rasakarpur, (5) Sambharlaban, (6) Saindhab Laban, (7) Sachal Laban, (8) Rasa Sindur, (9) Shambalakshar, (10) Rakta Darumukha, (11) Rasamanik, (12) Rasanjan containing antimony, (13) Kharpar, (14) Kankustha, (15) Kanakadhustura, (16) Ashoka bark, (17) Musk, (18) Jafran, (19) Gorochana, (20) Hing or Asafoetida, (21) Madhuchhista, (22) Jabakshar, (23) Mukta, (24) Prabal, (25) Girisindur, (26) Gouripasan (27) Shilajatu, (28) Kalajeera, (29) Honey, (30) Cow Ghee, (31) Til Oil, (32) Mustard Oil, (33) Mercury.

The abovementioned articles are being supplied to the manufacturers of medicines in their artificial forms. In the Barabazar area of Calcutta artificial asafoetida or Hing is prepared with an admixture of Madhuchhista and sold as real Hing. If Hingastak is prepared with this type of Hing, it will increase Dyspepsia instead of curing it. Rock salt is also being manufactured in Calcutta and sold as natural

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rock salt. Real musk has been a thing of the past. The market is being flooded with artificial musk producing no effect. The greater portion of Til oil is a bad type of white oil. Badam oil is being greatly piled with mustard oil. Essence of mustard is being mixed with Badam oil and being sold as mustard oil. Sugar water is being mixed with honey and sold as pure honey. The market is full of artificial Jafran made of wooden fibres having blood-red colour. Pure cow or buffalo ghee has been a thing of the past. Every type of so-called pure cow ghee is mixed with Banaspati in any form or other. Barks of Babul, Aswatha are supplied in huge quantities in the name of Asoka bark having the external colour of the same type. Chemically prepared artificial sulphur and cinnabar are being supplied in place of real and natural sulphur and cinnabar. In the place of real bitumen, artificial bitumen mixed with mud and stonedust but possessing the scent of real bitumen is being widely sold in the market. Mercury is being adulterated with lead and tin and is being sold in the market. How to safeguard the interests of the profession in the face of the opposition of our counter

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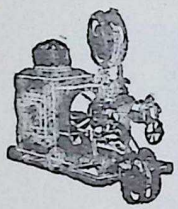

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dealers in the medicinal ingredients is the problem to be seriously dealt with.

The researchers into the genuineness or otherwise of the medicinal ingredients are to be clearly recorded and given wide publicity for the knowledge of the manufacturers and dealers of Ayurvedic medicines and also of students and practising physicians of Ayurveda.

The success of a physician depends, to a very great extent, upon the genuineness of the medicines prescribed by him for effecting the cure of diseases.

A national museum for the storing up of every variety of medicinal ingredient of the vast Ayurvedic Materia Medica both in their natural and adulterated and artificial forms are to kept with a view to teach the students and the manufacturers of Ayurveda the veritable shapes of the genuine and real medicinal ingredients.

(To be continued)

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Editor :
Ayurved Kesari
Lakshmi Kant Pandeya,
Ayurvedacharya

Head Office : NAGARJUN
58-D, New Alipore, Calcutta-33
Phone : 45-1092

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Editorial

"परो भूतेष्वनुक्रोशस्तत्त्वज्ञाने परा दया।
येषां तेषामसद्ग्रादनिग्रहे निरता मतिः"॥

CHARAK, SUTRA • CH XXX

ALL EYES ON CEYLON

Since the Bandaranaike Government came into power in Ceylon three years ago India has shown more than usual interest in the progress of our Island neighbour. There was a time when Ceylon was a thorn in the side of India, in foreign policy. This was evident at the Colombo-Powers Prime Ministers' Conference held in Colombo during John Kotelawala's premiership and later at the Bandung Conference of Afro-Asian countries.

Mr. S. W. R. D. Bandaranaike's accession as Prime Minister of Ceylon at this juncture was an event heartening to India in particular and to the whole of Asia in general. Bandaranaike not only definitely joined the neutrals by the side of India, but also went further and expounded what may be called "the philosophy of neutralism" at no less a place than the United Nations Organisation itself. This gave a lead to the whole of Asia.

Since then Ceylon has shown a good deal of leadership for a small nation. Development of trade and the establishment of diplomatic representation with Communist countries on equal terms in Ceylon, fighting for the right of being neutral and mincing no words during the Suez Canal crisis are but a few of the notable stands taken by the new Government which, despite inevitable local storms in the tea-cup, has enjoyed a great measure of mass support.

The new Afro-Asian Conference envisaged by Bandaranaike for the year-end is another lead to Asia given by this proved leader. It is hoped that this conference will lay the foundations for a future League of Nations of Asia in which our economic problems at least could be easily solved in a spirit of good neighbourliness.

These are matters not entirely within the scope of a purely Ayurvedic Journal like ours. But they do form a background revealing the mind behind the remarkable man called Bandaranaike whose most recent imaginative

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move has been to import from India, through the Colombo Plan, an expert on Ayurveda, Pandit Shiv Sharma, to render advice on the organisation and revival of Ayurveda. Calling upon the Colombo Plan to send this acknowledged expert is in itself an indication of the prestige and importance he attaches to Ayurveda. We, in India, of course, know well what Pandit Shiv Sharma has done and is capable of doing in the cause of Ayurveda. His scintillating personality has made a lasting impression on the Ayurvedic world of India. That his value and merits should be so well assessed and so dramatically recognised by Ceylon shows eager and intelligent awareness on the part of Mr. Bandaranaike.

As a former Minister of Health who dealt with Ayurveda as a subject under him and earlier as former Chairman of the Ayurveda Board of Ceylon, Bandaranaike has developed a keen sense of the importance of encouraging and developing this Oriental system of medicine. That he has acted wisely in getting Pandit Shiv Sharma, there is no doubt and the eyes of the whole of India are on Bandaranaike at the moment.

Will Pandit Shiv Sharma's advice and suggestions find an honoured place in a venerable pigeon-hole of a Government Department in Colombo as so often happens or will this Ayurvedic dynamo's energy be used to achieve something tangible here and now ?

We in India will ever watch carefully the result of Shiv Sharma's assignment to Ceylon.

While on this subject, we might suggest to Mr. Bandaranaike, for his careful consideration, that he take the lead in the establishment of an Asian Health Organisation based on Ayurveda. Such an organisation will enable all Asian countries like India, Burma, Ceylon, Pakistan, Thailand, China and Japan to pool their resources for research and organisation so that all of Asia will draw more from the ancient system of medicine that has been for long decaying ever so gracefully.

We sincerely hope that this suggestion will find an echo in the heart of Mr. Bandaranaike. In fact, we might go so far as to suggest the Ceylonese Prime Minister could take the bold step of suggesting to the Colombo 'Powers' to sponsor an Asian Health Organization which will actively encourage teaching, practice and research in all Eastern systems of Medicine, with particular emphasis on Ayurveda which is the mother science for this region of the world. If, for any reason, the Colombo Powers, which include the United Kingdom, Australia and New Zealand,—all devout votaries of Allopathy—show any disinclination in this matter, Ceylon and India could certainly sound the Bandung Powers

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(all Asian and African nations) for the establishment of such an organization for the scientific development of all Eastern systems of Medicine.

We are sure Pandit Shiv Sharma will take up this idea with Ceylon's Prime Minister as also the Health Minister, Mrs. Vimala Wijewardene who has already shown courage and determination in establishing Ayurveda on firm, independent foundations in Lanka and stress the importance of having an Asian Health Organization which will in due course produce immense results of undoubted significance to the West.

We might add that Colombo would be an ideal place for a centre of an organisation of an Asian Bureau of Ayurveda.

We wish all success to Pandit Shiv Sharma in his efforts as an "unofficial Ambassador" of India.

L. S. Kaudinya

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Editorial—II

"INQUIRY, HUMILITY & SERVICE"
Keynote of Research

Emphasis on more and more research in modern medicine and Ayurveda seems to be the order of the day. No doubt, this is a healthy sign particularly when the Central and State Governments are eager and willing to promote and assist basic and fundamental research in Ayurvedic principles and practices with the same vigour as in the case of modern medicine.

The best note was struck by the Union Transport and Communication Minister, Sri S. K. Patil in his inaugural address before the Bombay State Integrated Medical Conference. He said there was an immense scope for research in Ayurvedic medicine and advised research workers to undertake the work in a spirit of "inquiry, humility and service."

The Minister declared that Ayurveda was a science that had been practised in the country for centuries. He asked the students to develop an attitude of constructive research and study as seekers of truth and not as participants in a controversy. From this point of view, an integration of all that was best in the different systems of medicine was a healthy one, he said.

We are one with Sri Patil in his approach to the basis for fundamental studies and research in Ayurveda. As far as integration goes, it is still premature to discuss it because it ultimately depends to what stature Ayurveda can rise in the practical aspects of the national health programmes.

Essentially, the progress and advancement of Ayurveda depends on State support in principle, policy and financial assistance. Equally important is the unity of purpose, thought and action of practitioners of Ayurveda in the country.

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Now, let us have a glance at the support which the Central Government has given during the current plan period. A sum of Rs. 53,13,712 has been sanctioned so far by the Union Health Ministry for the development of "indigenous systems of medicine," including homœopathy. The total provision in the Second Five-Year Plan for this purpose is Rs. 100 lakhs.

During 1958/59, Rs. 20.55 lakhs were also advanced to various state governments as the Union Government's matching contribution to the expenditure incurred by them on the establishment or upgrading of teaching institutions in indigenous systems of medicine, including homœopathy. For the current financial year, a provision of Rs. 30 lakhs has been made for grants to state governments and private organisations for research and upgrading.

We do not have right at the moment corresponding figures of assistance sanctioned or provided for in the field of modern medicine. Suffice to say, it would be much more, but that should not be an excuse for protagonists and practitioners of Ayurveda to do nothing except criticise Government sitting in their arm-chairs.

It has always been a tendency of arm-chair wizards of Ayurveda to take Government to task for the present position of our ancient science of life in our national health programmes. We must say emphatically that Ayurveda cannot develop on mere criticism, however well-founded it may be. If Ayurveda at all must grow up to its full stature, it is possible by active work, and in Sri Patil's words, by constructive study and research in a spirit of "inquiry, humility and service."

To put it in another way, practitioners and followers of Ayurveda must first "do and then deserve." Claims of the efficacy of Ayurvedic principles and drugs, etc. are tall, indeed, but how many institutions and practitioners are there in the country who could make an honest claim that they have done real, solid research work on any specific ailment or health problem? It is a bitter truth—which is hard to swallow for the arm-chair wizards—that we cannot speak of any such solid contributions. No, it is no use shouting that modern medicine has taken this formula or that principle into its pharmacopoea. Well, modern medicine took it; the contribution has been made by research workers in modern medicine working on our Ayurvedic principles, etc.

The individual or collective contribution by Ayurvedic men themselves working alone or on an institutional basis is very little, insignificant in comparison with the pace of modern advances in various fields of medicine and surgery.

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Main reason for this trailing behind modern medicine is our dangerous tendency to show an unjustifiable pride or haughtiness in an unethical parading of Ayurveda without firm foundations of the requisite basic or fundamental research.

It is no use for real lovers of Ayurveda to get into meaningless controversies over integration or Shuddha Ayurveda. Keep Ayurveda pure by all means. In fact, what we are fighting for is the purity of Ayurvda and the revival of our rich heritage to its pristine glory. But this is only possible if we take up earnestly the task of a patient, methodical study of the subject on scientific lines. In a world of nuclear dimensions, we have to answer the logic of the scientist in his own language—by practical experiments, illustrations and successful research.

It is with this object in view, that we, in a humble way, gave out our proposal for a Nagarjun Research Institute and the preparation of a comprehensive Ayurvedic Encyclopædia. The schemes for the Institute and the Encyclopædia, costing nearly Rs. 50 lakhs over a period of five years, are now under active consideration of the Union Health Ministry. We shall have the best talents in Ayurveda and modern medicine working side by side, shoulder to shoulder, working in a spirit of "inquiry, humility and service," to explain the mysteries of Ayurveda to a curious, logical world.

Incidentally, our attention has been drawn to the constitution of a Committee by the Union Health Ministry to assess the present facilities for post-graduate medical education in the country. The Committee is headed by West Bengal's Chief Minister, Dr. B. C. Roy.

It is indeed a matter of deep regret that not even one expert Ayurvedic physician has been included in this Committee. In our view, one of the fundamentals of future schemes of post-graduate medical education in the country, must be a compulsory study of Ayurveda. Vice versa, we would hold graduates of Shuddha Ayurveda should also undergo a post-graduate course in modern medicine and surgery. Such a process would eventually result in a happy cohesion or blending of Ayurveda and modern medicine, and the need for specifying this or that type or class of practitioner would disappear.

It is not too late for the Union Health Ministry to rectify what we consider to be a glaring mistake, and include at least two top-ranking scholars of Ayurveda in this Committee.

We once again dedicate ourselves to work in a "spirit of inquiry, humility and service," for the welfare of humanity, and to assist people all over to lead a happier and healthier life.

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SLAVERY IN INDIA AND ITS BEARING ON AYURVEDA—III

Sri Amal Kumar Chattopadhyay, B.A. (Cal.), Department of History, Jadavpur University, Cal.

The English people came to India as a commercial nation, but they gradually established their supremacy politically over this land. The establishment of British sovereignty in Bengal in 1757 by Lord Clive, after defeating Nawab Sirajuddaula in the battle of Plassey, is an important landmark in the history of India. Thenceforward the history of India enters upon a new epoch. We need not describe how the English power rapidly went on increasing and finally became the paramount authority of India, and how India came to be known as the fairest jewel of the British crown in the year 1857, i.e. after the overcoming of the Sepoy Mutiny and the overthrowing of Bahadur Shah—the last Mughul Emperor of India by the Britishers ; because this is too well known a story to be discussed again. Rabindra Nath's poem very beautifully describes the conversion of the English commercial power into a victorious paramount authority in India thus :—

"वणिकेर मानदण्ड देखा दिल राजदण्डरूपे, पोहाइत कलंकि।"

Slavery came to be established as a very rigid and important institution after the establishment of the British rule in India under the East India Company in 1757. Its mode and form totally changed from those of the Muslim period. The condition of slaves considerably deteriorated in this period. We have already discussed that slavery had diminished from the mediaeval world as serfdom increased. But it was re-introduced into England in the year 1562 by Sir John Hawkins, the famous sea captain and notorious pirate. Britain had already conquered many islands in the West Indies including the Fizi islands, Jamaica, Bahama etc. It had to set up colonies in America, Canada and British Guiana. In these vast tracts of fertile lands, the English colonists set up many cotton plantations and large portions of fertile lands were also being cultivated. So they required labourers most badly. But where could they get so many hard-working labourers ? In those days, slave trade was being carried on in full swing by the Arabs. Captain Hawkins had

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many hundred thousand acres of agricultural land and cotton plantations in Jamaica. He planned to engage hard-working Negro slaves as agricultural labourers on these plantations. So like the Arab slave merchants he began to capture negroes and sell them out as slaves to the cotton planters.

John Hawkins, son of William Hawkins, learnt that an easy way to win riches was to kidnap or buy shiploads of strong and hardy Negroes in West Africa, and sell them to the Spaniards in America and the cotton planters and other colonists of the West Indies. In 1562 and 1564 Hawkins made two enslaving vayages to the Guinea Coast or Asanti land and with the help of the Asanti king captured many hundred negroes, both men and women, and sold his human cargo at such a great profit in Hispaniola and Mexico that he came home a wealthy and famous man. He was the founder of the negro slave trade which made possible the colonization of tropical America by a planter aristocracy cultivating its lands by black labour, and which for more than two hundred years was to be a source of immense gain to English merchants. Neither the English nor the Spaniards had the least care of the cruelty and wickedness of this traffic in human flesh. We do not want to go into greater details to describe the inhuman torture, cruelty and horror of this hateful trade as they are known to all. And a hateful pirate and loathsome criminal like Captain Hawkins was greatly encouraged and patronised by Queen Elizabeth I, who was pleased to honour him with a knighthood and an honorary rank of a ship-captain, and admitted the validity of the slave trade as a recognised institution in her empire.

Hawkins was merely a man of business, though terribly efficient in his work, his example being soon followed by others, who began to export thousands of slaves to the newly founded colonies. The slaves were treated most inhumanly by their European masters in that age. In India also, slavery was established by Warren Hastings during his tenure of office as the Governor-General of Bengal under the East India Company. The condition of slaves in the British-administered India was horrible and was not in any way better than their Negro counterparts in the U.S.A. and the West Indies. Slavery lasted in India as a very hard and rigid institution along with other colonies of the British Empire and was abolished according to an Act of Parliament passed the year 1833 under the auspices of Wilberforce and Lord Brougham.

It was Warren Hastings who devised a new method of earning money by selling men as slaves. During his tenure of office it flourished as a very profitable trade. Dacoits and thieves, according to the laws of the Company, were put to death and each and every member of their families, including their wives and children, was sold as a slave. Hastings also encouraged batches of slave-traders to carry on this trade and helped and patronised them in many ways to increase the slave population in the country. Hooghly, Chandernagar, Calcutta, Serampore and Chinsura became

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the centres of slave trade, where the slave-traders would regularly transact their business with their English and French customers. Slave-hunters mostly collected their slaves from the villages of Bengal. They used to steal young children from their parents and sell them as slaves. They were generally reared up in the houses of their masters quite negligently along with their domestic animals. The slave-merchants also kidnapped or forcibly captured passers-by, villagers and poor people who could hardly have recourse to legal measures. Moreover, it was a period of confusion marked by the absence of law and any well-ordered government. Such slave-traders, far from being punished by any laws, either of the Nawab or of the East India Company, were continuously encouraged by the two great European powers. We also get references of self-sold slaves. During the time of the great famine in Bengal in 1769 (which is known as the Chhiattarer Manwantar), there was a great famine in Bengal in which many lakhs of people died of starvation. At that time, and also afterwards, many people sold their wives, children and even themselves, only to make their both ends meet. In Bankim Chandra's Ananda Math, we get a very vivid picture of it. To escape the persecution of the creditors, many debtors also sold their children and wives to the slave-traders. We also get a reference of this kind in an article published in the Prabashi with a photograph of the document, in which a Hindu widow sells herself along with her daughter for thirty rupees to the master, for seventy years. We do not know whether she or her daughter was released from slavery in course of time after seventy years. The traders always did their very best to increase the number of offsprings of their female slaves, who were also sold out as slaves.

Every day hundreds of dhows and boats, packed with a large number of slaves, both men and women, used to cast anchor in the harbours of Canning, Faltah, Chandpalghat Chndernagar and Hooghly. Very close to the banks of the River Hooghly, slaves were exhibited for sale. They were purchased by the European inhabitants of Calcutta and neighbouring places. European land-owners, Kuthiwals, Tradesmen and Officials purchased the poor slaves either in a lot or singly. The slaves were confined to domestic servitude.

Hindus never purchased or owned slaves at this time, though there were many rich Hindu zamindars and aristocrats in Bengal. They considered it an act of great sin to deal in human flesh and blood. For domestic and other hard and manual works, they preferred to engage paid servants. The Muslims purchased slaves and engaged them as domestic servants or personal attendants, but they treated their slaves generously. But the European slave-owners treated their slaves with great cruelty. There was no spark of heavenly light in their treatment towards their slaves. They converted their slaves to Christianity as soon as they bought them and became their masters.

The slaves were owned in Calcutta by

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the officials of the East India Company, the Portuguese, the Armenian and other Western inhabitants. The French people also encouraged this trade. They dealt in slave trade and exported the Indian slaves with great profits to Pondichery, Mahe, Carical and the Madagascar. The English people, on the other hand, exported a large number of slaves from India to their newly conquered territories in Borneo, Malaya, Mauritius and Fizi islands. Roads, buildings and other hard and tiresome constructive works were performed by the slaves. The slave trade was one of the most lucrative sources of income in those days.

The oldest issues of the Calcutta Gazette, 'Samachar Darpan' and some other newspapers and old documents preserved in the record rooms of the Calcutta High Court and Writers' Buildings provide us with very valuable sources of information of the slave trade and the position of the slaves in the society. We cannot but shudder with horror as we go through them. The condition of the slaves throughout the 18th and the first half of the 19th centuries was really very pathetic. Their masters were generally men of the meanest orders and of the lowest stocks. They had practically no social position in their own country. Very few nobles and aristocrats liked to accept jobs under the East India Company and serve in India. Vulgar and poor people who could hardly make their both ends meet only preferred to come to India. They were greedy, licentious, self-centred, calculative and without any moral scruples at all. In England, these people could hardly dream of meeting their both ends for a day, but here in India, they invariably began to live a very luxurious life. Sri Hari Har Seth has very elaborately dealt with the every-day life of these English upstarts of Calcutta. They were ordinary servants of the East India Company drawing very small wages. But almost every English servant of the East India Company led a very luxurious life amidst pomp and grandeur with more than a dozen of slaves, men and women, at his beck and call. But where did they get the money from ? They were very dishonest persons and carried on many illegal trades in this country, filled their pockets by resorting to extortions from the ordinary people of our country. Governor-General Hastings himself had given rise to dandyism and met his heavy expenditures by adopting unfair means. The employees of the East India Company were always anxious to accumulate wealth to maintain themselves in their old age in England, after their retirement from the Company's service. Anyway, the European citizens of Calcutta and nearby areas used to live a very idle, care-free and luxurious life. They could not stand the hot climate, especially the summer days of Calcutta. The English women generally shaved off their heads being unable to bear the hot weather, and wrapped their whole bodies with wet clothes. Both the ladies and gentlemen spent the summer evenings on the decks of boats (Bajras) in the river Hooghly.

All these boats were lighted up with burning candles and hurricane lanterns.

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They were beautifully decorated too. The European ladies and gentlemen passed the whole night on the deck of the boats in dancing, singing and other kinds of merriment. They very often used to arrange dinner parties and enjoy the dances of Baijis and Natuas with musical performances. These Baijis and Natuas were slaves who were specially trained for the purpose.

The luxurious European people used to own many slaves, most of whom were confined as domestic servants. They had to do many kinds of works. Each slave, according to the nature of his work, was assigned a particular name. They were known as—Nafar (who used to do menial household works), Hukabarkadar (who was in charge of arranging the smoking of the master), Barkadar (who used to produce cold water by turning the wheel of a machine), Pankhapuller, Hajam (barber), Sahis (who was in charge of the stables), zamadar (the sweeper) Aya, Bandi etc. The female slaves usually did the hair-doings and dressings of their mistresses and served them as their personal attendants. They also performed all sorts of domestic works. The English people could not quench their thirst by drinking ordinary water. The Barkardars cooled the water by turning the wheel of a machine. The slaves did not get a single pice as salary, nor could they earn any money by serving elsewhere in their leisure periods. Moreover, they could not own any property in their own names. In the early Hindu period the slaves could inherit their masters' properties equally with their masters' sons. This practice was also in vogue in the Muslim period in India, and also in the later period till the overthrowing of Emperor Bahadur Shah, when slavery was prevalent in the Muslim-occupied area side by side with British India. But the slaves were completely deprived of these privileges by the English laws under in the Company's rule. The Muslim slave-owners frequently released their slaves from bondage. But this was very rare under the Company's rule. Very few Christian masters released their slaves from bondage in the period under review. The examples were so small in number that they could be counted on finger-ends. If any slave earned any money in any way, his master at once snatched it away from him.

The slaves were usually inherited by the successors of their masters according to the English law of succession. But in case where there was only one slave but many successors, he was sold in an auction sale, and the money was equally divided by the heirs. The slaves could be presented as gifts, leased or mortgaged. Many Indians presented slaves to the high-ranking officials of the East India Company with a view to pleasing them. Many slave-owners found it a very lucrative source of income to lease their slaves to the owners of factories, mills and agricultural lands, where they were made to work very hard as labourers. Their masters would get decent allowances for this. But in case a slave died while working as a hired labourer, the man who hired him had to compensate his master. Hundreds of slaves were thus let out in the neighbouring areas of Cal-

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cutta as hired labourers. They had to work very hard throughout the day and their emoluments were enjoyed by their masters who did not give them even a single pie. We have already discussed that the European inhabitants, especially the Company's servants spent money very lavishly, and so they were naturally indebted. They usually took loans from the rich money-lenders of the country against their slaves, who were considered as their movable properties. Until and unless they cleared up their debts, their slaves were under the custody of their creditors. If a debtor died without clearing up his dues or he failed to pay back the amount he borrowed, his slaves, along with his other properties were sold out in an auction sale through their attorneys. Usually the sale of this kind of slaves took place in the pulpit of Calcutta Municipal Court at Town hall or at the premises of the Chief Presidency Magistrate's Court at Dalhousie area. Many Europeans, before their final departure for Europe, sold out their slaves along with their other properties. The sale usually took place in the aforesaid places or at some "Slave warehouses" situated at Lalbazar, Park Street, Chowringhee, Portuguese Church Street, Kidderpur and Free School Street area. A slave warehouse in Calcutta was a house externally not much unlike many others, kept with neatness. And slaves were kept in different rows with their hands and feet tightly fastened in chains in such warehouses. Here the customers, most of whom were English, French, Portuguese or Armenian, were courteously entertained to see and examine the slaves. Human property was high in the market, and was, therefore, well fed, well cleaned, tended and looked after, so that it might come to sale sleek, strong and shining. The buyer could, and practically did, examine each and every limb of the slaves before they bought them. Then the sale started and the highest bidders usually became the owners of the slaves. Each owner would receive from the previous owner registered documents for each slave, containing the name, thumb impression, other necessary details and the signature of the previous owner. Each time a registration fee of Rs. 4.25 was charged for handing over the ownership of a slave to another master by the City Court. Some of these documents are still kept in the record room of the Calcutta High Court and Writers' Buildings.

These slaves were branded on their foreheads and breasts with very hot and burning iron sticks. They were fastened with heavy chains and driven away like cattle to their new master's house. These poor slaves performed all the hard jobs of the house. They were mercilessly dealt with by their masters. They were ill-fed and ill-treated. A very small amount of flour was allotted for the slaves. They had to work very hard from the early dawn till late at night. And they prepared their food at the dead of night after the day's most tiresome works. For the slightest mistakes or the smallest infractions they were very severely tortured. Sri Hari Har Seth has collected huge materials from the accounts of European tourists and memoirs of the officials,

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which afford unusual glimpses into the condition of the slaves in the 18th and the early part of the 19th centuries in India, especially in Calcutta. The English ladies themselvss whipped their slaves very severely for trifling mistakes. They did not hesitate to whip even their male slaves with their own hands. They beat them severely until blood ran and they became unable to do so being tired and fed up. The Armenians treated their slaves most heinously and mercilessly. They made their slaves work throughout the day, and confined them in iron-cages fastening them with fetters and handcuffs by the side of the stables. In the daytime their hands were free, but legs were fettered with long chains so that they could move freely. The women slaves were not spared the tortures. Examples are not rare to show that they were most brutally treated. We come to know from the accounts left by a Dutch lady who came here to draw some sketches of the contemporary sociai pictures, depicting how women slaves were most inhumanly and barbarously treated for very slightest mistakes. They were very often whipped and beaten and kicked. She states to have seen that sometimes women slaves were tied to stakes, their robes being taken off, and then jar after jar of cold water in the cold December morning were turned upside down in endless succession upon their heads, and the poor creatures who were completely naked were about to die by suffocation. This sort of torture continued for 15 to 20 minutes before the presence of all the family members and the other slaves with a view to frightening them.

For other offences such as stealing the money of the master, garments and ornaments of the mistress, breaking the utensils and also for indolence the slaves were sent to whipping establishments. It was the universal custom to send women and young girls to whipping houses and to the hands of the lowest of men who were vile enough to make it their profession to utilise the slave women for shameful purposes. There were whipping house establishments in Calcutta close to the slave warehouses and municipal magistrates' courts where along with the slave women, many criminals and rogues were also sent by the magistrates for whipping purpose. These houses were run by the Portuguese, Armenians or Muhammedans of the meanest stocks. They charged one anna for giving every lash to the slaves and other persons for correction. Usually the slave masters sent their slaves with a slip ordering the master of the whipping house establishment to give 15 to 20 lashes each time along with his dues in advance. Thus a large number of poor creatures came there with tearful eyes for the purpose of being whipped. They were tied to stakes and flogged for fifteen to twenty times on backs and shoulders. Many fell unconscious and blood ran through their wounds. They came back to their master's house with their backs and shoulders carved with long lines of wounds and blood oozing out from there. Mrs. Sarala Bala Sarkar has published an interesting article in the last Puja special issue of the Anandabazar

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Patrika entitled—"Hastings-er-Samay Kalikatar-Engrej-Samaj (इष्टिंसेर समय कलिकातार इंराज समाज) dealing with the contemporary English social life in Hastings's time. She has gathered her materials from the accounts of some travellers and retired company officials. We get a vivid description of the kind of punishment inflicted on run-away women slaves and other wicked persons from the said article. A woman slave of Mr. Anderson managed to escape, but anyway she was recaptured and brought before a magistrate who ordered her to be flogged ten times and then be sent to her master's house. This gives us an intimation of the fact of there being some understanding between the European Magistrate and the European citizens of the day.

The slaves could not run away, because they were branded in the different parts of their bodies and clad in a very low and dirty attires, and whoever saw them could detect them at once as slaves and dared not to give them shelter. Moreover, their masters issued warrants, and published the news in the newspapers and whoever could arrest a run-away slave, was properly rewarded by the master. The run-away slaves were severely dealt with. They were beaten so excessively that they became almost half-dead. The slaves were ill-nourished, ill-fed and ill-treated even by their European masters. They were not attended to by physicians during the time of their illness. Many slaves would die being unable to bear the severe tortures inflicted upon them. But there was no way out. The European slave-masters, were not punished for beating their slaves to death. There was none to support the cause of a slave in a suit against the European master. Moreover, the trying magistrate always used to take the sides of their white brethren and release them from the charges of murder and other acts of atrocities. It was established that the slave-owners were the absolute masters of the life and death of their slaves. The highest punishment that a magistrate would inflict upon a slave-owner in those days for ending the life of a slave was to fine him with a very small amount. The fine usually varied from Rs. 25/- to Rs. 50/-.

A very great evil feature of slavery in those days was the use of young and beautiful slave girls as the kept women of the European settlers in India. In those days, the number of European ladies was very small. Most of the European inhabitants were Company's officials. They had to remain unmarried in this country, for various reasons. European ladies did not like to come over to this distant and which they considered to be infested with tigers, elephants, cobras and wizards. Furthermore, it was very expensive to maintain European ladies as they liked to live a very luxurious life and spend lavishly. So it was beyond the means of most of the Europeans, living in India, to marry European women and maintain them here. So most of the European servants of the East India Company remained unmarried and, therefore, without any moral charac-

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ter. The contemporary European society was full of corruption and addicted to immoral practices. Honesty, morality or chastity were completely absent from the contemporary European society. Adultery, inmoral practice, lechery, and other vices were the common stock in trade with the European people living in India of those days. Even Hastings himself was a man of questionable moral character, and he first eloped with Baroneess Imhope—a very beautiful German lady, who came to India with her artist husband Baron Imhope who wanted to make a fortune in India. Hastings managed to get her divorced from the Baron and then married her amidst great pomp and grandeur. His duel with Col. Francis also took place over a quarrel which sprang from love affairs. So the Europeans used to live in this country with slave women as husband and wife and their offsprings, who looked very much like Europeans, came to be known as Anglo-Indians. They were very contemptuously brought up with other domestic animals of their fathers. The Europeans lived with Indian slave women as husbands and wives openly, and they were not ashamed of it. They were rather proud of it because they were men of so low morality that they did not consider it an act of shame. They sometimes married Indian slave girls. The result of this mixed marriage and secret sexual intercourse between the Europeans and their women slaves was the creation of a large class of degenerate half-caste. They are known as Anglo-Indians. The Europeans never admitted them as their children, nor did they take them to their countries after retiring from the Company's service. Sometimes they left them some properties for maintenance. They were fully aware of the fact that these creatures were nothing but illegitimate children in the eyes of law. They did not hesitate to sell their illegitimate children as slaves before leaving for Europe. They could do so, because their offsprings were regarded as slaves according to the English laws as they were born of slave-mothers. But in most cases they inherited their fathers' properties and titles and their fathers had to legally make them free by means of registered documents. Here also they had to pay Rs. 4.25 to the City Court for registering such papers. Generous Europeans very rarely released their slaves if they were highly pleased with their service and faithfulness. But such examples were very rare. The early history of the so-called Anglo-Indians can be traced to this period. This degenerate half-caste with Europeans names such as Patrick, Haris, Robinson, De mill, Pinto, Perriera, Jones, etc., and English as their mother tongue are nothing but the descendants of the slave offsprings of the early mixed marriage and relation between the European slave-owners and their woman slaves. After the emancipation of the slaves under an Act of Parliament, these people of mixed blood formed themselves into a separate class and came to be known as Anglo-Indians. They became favourites of the European ruling class by learning the art of hating and looking down upon the Indians, to whom they were in many

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respects inferior. They monopolised the important posts of the Railways, Police and Post and Telegraph departments throughout the 19th and a greater half of the twentieth centuries, till the independence of India. They called the Indians Niggars, blackies and tried to maintain an ivory tower existence of their own, having been blissfully ignorant of their origin.

We can, from the above study, distinctly visualise the miserable position of the slaves in India under the East India Company's rule. The institution became so rigid in all countries at that time that the slaves were without any hope of release. Their condition was even inferior to that of animals. It was better for a slave to commit suicide than to live the life of a slave. But there was no way out, until and unless God smote them to death.

Slavery was abolished from the British empire in the year 1833 under the auspecies of the Quaker Society led by Lord Brougham and Wilberforce.

The Quakers were great philanthrophists. They were inspired by the writings of Rousseau who said, "vox populi, vox dei"—the voice of the people is the voice of God. The French revolution was the outcome of the feelings of the depressed middle and lower classes of people. There was a sharp cleavage between the rich nobility and middle and lower classes of people comprised of intellectuals, clerks, and peasants. The French Revolution took place in the year 1789. The revolutionaries dethroned King Louis XVI, beheaded the royal couple, smashed the nobility and established the French Republic. They were led by Rousseau's principle—liberty, equality and fraternity. All men are equal and all men have equal rights. They are not the properties of the State. The State, on the contrary, is an association for the general welfare of the people. The French Revolution is an important landmark in the history of the freedom of humanity as a whole. It is an epoch-making event in the history of mankind in all time and for all ages, because this revolution, for the first time, unfolded a new chapter in the history of the deliverance of the depressed class of men. But the effects of the French Revolution were very little on the English people and England. They were rudely shocked the unprecedented violence, bloodshed and ruthlessness of the revolution. Moreover, England was a firm believer in monarchy. They could not endure that the French people had beheaded the royal couple and tinged their hands with royal blood. So the political leader of all parties did their very best to keep the English people aloof from the influence of the French Revolution. The English people also spontaneously responded to them, since they had a very bitter experience of this sort of royal murder. The despotic rule of Cromwell made them feel very cleary that no purpose would be served if they would kill their monarch and establish a republic. The blood of King Charles I made them feel this. So politically the French influence could exert no influence at all upon the English life. The great wave that broke over Europe in the roar of the Napoleonic wars spent

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its strength in vain on the political structure of these islands, but the air was long salt with its spray. And the chief effect of the revolution on English life and thought was to be sought in literature rather than in politics. And the poems of Shelley, if not too fanciful to prolong the figure, are the rainbow lights seen in the broken wave. More than the others of that group of English poets who flourished at the beginning of the nineteenth century, and whose work, taken as a whole, gives to English literature its all but greatest glory, Shelley was the inheritor and the exponent of the ideas of the French Revolution. The French Revolution aroused and then disappointed Wordsworth, causing him to turn away from political ideals and to seek consolation in universal nature ; it made Byron a rebel, and Southey a laureate ; but it gave birth to Shelley.

The idea of the Revolution and the passion of the Revolution glitter and vibrate in Shelley's poems. And these ideas, it must be remembered, in their earlier and cruder political forms, had but a short spell of life. They bred the giant that killed them ; the modern scientific and historical temper finds it well-nigh impossible to regain the outlook of those who stood breathlessly waiting for the revolution of a new heaven and a new earth. So that it is not to be wondered at if the poetry that spring from the political creed has been to some extent involved in the downfall of the creed. The people of England, said Burke, want 'food that will stick to their ribs', and the remark condenses in a phrase all that dissatisfaction with the theory and dream which is heard as an undertone in most of the authoritative criticism of Shelley. Like other revolutionary thinkers, Shelley hopes for the salvation and perfection of mankind by way of an absolute breach with the past. History is to him at best a black business, an orgy of fantastic and luxurious cruelty. He hated slavery from the very core of his heart. He was a violent hater of the existing system of slavery. The multiplied oppression which is imposed on man by man himself, which has grown with his growth and is intertwined with his dearest interests, is conceived of by the revolutionary theorists and, at least in his earlier poems, by Shelley himself, as a thing separable from man, a burden laid on him by some dark unknown power, a net waved around him by tyrants. Shelley in the three or four years following Waterloo, issued a number of political poems, most of them inciting the English people to rise against slavery. In his poem "Liberty he observes :—

"And tyrants and slaves
are like shadows of night
In the van of the morning light".

Yes, the light of liberty affects one individual after another, one nation after another, passes from the city to the meanest village. The light of dawn drives along before it shadows of darkness. Once a people is inspired with the spirit of liberty, it shakes off all signs of slavery. One resolute insurrection, and the burden and bondage may be cast off for ever, the net severed at a blow, leaning man free, inno-

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cent and happy, the denizen of a golden world. No tyrant can any longer stay its course. Shelley's generous soul burned with rage at the spectacle of so much unhappiness all around him ; he would have welcomed a revolution, as we can see in his 'Men of England' :—

"Men of England, wherefore plough
For the lords who lay you low ?
Wherefore weave with toil and care
The rich robes your tyrants wear ?
Wherefore, Bees of England, forge
Many a weapon, chain and scourge,
That these stingless drones may spoil
The forced produce of your toil ?

No exact political programme is deducible from his works. No coherent or satisfactory account can be given of the changes that would be necessary to bring in the idyllic society that mocks his vision in the distance. But if the aspirations of the poet are to be tethered to what is demonstrably attainable, the loftiest legitimate ambition ever breathed in English verse would perhaps be found in the political poems of Shelley. The creed of the revolution is a noble creed, and although Liberty, Equality and Fraternity, considered as the basis of a political system, have been sadly battered by political artillery, they have not yet been so completely disgraced that it is forbidden to a poet to desire them. Only in a world where they shall be more desired than they are with us can they ever become possible. And the gist of Shelley's teachings lies not in this or that promise held out of future good, but in the means that he insists on for its realisation. The poet has achieved immortality, but not on his own terms. He is a beautiful and ineffectual angel—a decorator's angel, one might almost say, designed for a vacant space, not the authentic messenger of the will of Heaven. He was a moonlight visitant that soothes the soul with melodious words and beautiful images when the bonds of reality are loosened.

Shelley was the greatest exponent and messenger of the ideals of the French revolution. He was a firm believer in the greatness of the human soul and creative power of the poets. His poems terribly influenced a large number of men including some great politicians of England. They, for the first time, began to question seriously the validity of slavery as a recognised institution. Though some great philanthrophists headed by Wilberforce and Clarkson founded the Quaker Society in 1787 in England for the abolition of slave trade and emancipation of the slaves, and by dint of their ceaseless endeavours, were able to abolish it from England in the year 1807, it remained as a very rigid and important social and political institution in all other parts of the British Empire including India. It was also in vogue in the U.S.A. and South American states. Now Lord Brougham, Wilberforce, Lord Grey and other members of the Quaker Society were profusely inspired by Shelley's noble ideals. They felt that God has created man after his own image. He is the master of the life and soul of man. And why a weak a man must be made to serve a strong man for his difference in race, caste, creed and colour ?

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Man is not the property of the states or of strong men. All men are equal and shall have every right to share in the state's affairs. And it is the state's duty to look after the general welfare of humanity as a whole. The inhuman and brutal tortures inflicted upon the Negro and Mullatto slaves by their white masters and the shameless breeding of Mullatto population by means of sexual intercourse between the European slave-owners and their Negro women-slaves deeply moved their hearts. The public and hateful sale of beautiful Mullatto and Quadroon girls had acquired a notoriety in every nook and corner of England. So they started a movement in favour of the complete abolition of slavery from the British empire for ever. Lords Brougham and Grey took the initiative. They had to stand many obstacles in the way. The European cotton planters violently opposed their proposals and threatened to sever all ties with England.

(To be continued)

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KAVIRAJ GANGADHAR ROY KAVIRATNA—VI

Dr. P. Chatterjee

Long before Gangadhar, Chakrapani, the greatest leader of the Atreya Punarvasu School of physicians, incorporated in his compilation, namely, Charaka-Sangraha, Rasa Parpatika, Tamrayoga and other preparations of mica and iron pyrites, and thus tried to bring about a reconciliation between the two schools of physicians, namely, the Atreya Sampradaya and the Rasavaidya Sampradaya. Thus, we find that in their respective compilations viz. Sarngadhar-Sanhita, Vaisajya Ratnavali and Bhaba-Prakash, Sarngadhar, Govindadas Sen and Bhaba Misra copiously incorporated medicines from the school of the Rasavaidyas; and it seems very strange to us that Gangadhar did not write anything upon Hindu Chemistry, although as we have come to know from his direct disciples and disciples' disciples that he sometimes prescribed medicines prepared from mercury, sulphur, iron pyrites and mica. Because, in his time again the tension between the Atreya Sampradaya and the Rasavaidya Sampradaya became acute, and as he was a strong supporter of the School of Punarvasu, he maintained the dogmatic principles of the Punarvasu Sampradaya and asked his people not to use medicines in the very first week of the onset of all fevers and other diseases during their Amavastha.

But he could not totally adhere to his principle of absolute isolation from the School of the Rasavaidyas, as he had made extensive use of the medicines prepared both from Organic and Inorganic poison. Because, according to the basic principles of the Rasavaidyas, poisons form a considerable part of the Rasa Chikitsa.

"उपरसं लुहं विषं समृतं रसउच्यते ।
रसात परतरं नन्ति त्रिषु लोकेषु भेषजम् ॥

That is, poison contains properties of mercury and as such Rasayanic or aphrodisiac in character. And consequently there is no medicine so powerful as Rasa. It gives me much pain to put on record that Gangadhar could not maintain the noble traditions of his most famous pre-

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decessor, namely, Chakra Dutta, who was the illustrious writer of Ayurved-Dipika Commentary on Charak-Sanhita, upon which Gangadhar drew largely in the matter of his writing the Jalpakalpataru commentary on Charak-Sanhita, which has immortalised his name in the annals of Ayurveda. The attitude shown by Gangadhar to the Rasavaidyas of the then Bengal, is maintained to a great extent even up to the present time, although the noble attempts of Rasacharya Kaviraj Bhudeb Mukhopadhyaya, who tried to remove the tension between the Rasavaidyas and the Kayachikitsakas of the Atreya Punarvasu School, by writing his world-famous book, Rasajalanidhi, helped to a great extent and popularised the cause of the Rasavaidyas in Bengal, where the influence of the Atreya Punarvasu School of Physicians is very strong. But it is a known fact that now-a-days the physicians belonging to the Atreya Punarvasu Sampradaya are more dependent upon the metallic system of treatment than upon the herbal system of medicine, and the tension does no longer exist.

Now, let us come to our point, namely, the line of treatment followed by Gangadhar in different diseases. Gangadhar had great a celebrity for treating cases of paralysis. He was a great believer in the efficacy of medicated oils. His most favourite disciple, Kaviraj Gayanath Sen of Birbhum, was in-charge of preparing medicines for him. Swalpa-Dasamula Oil was the most favourite medicine of Gangadhar, a long and continuous use of which, according to him, was one of the best means of curing all kinds of ear, nose, throat troubles and diseases belonging to the upper part of the body. For giddiness and constant noise in the ears, in partial deafness and other troubles resulting from the blockade of the passage of ears, Gangadhar would always prescribe Dasamula Oil. The decoction of Dasamula also was his favourite medicine for treating cases of different kinds of paralysis in their initial stages. Swalpavishnu Oil, Swalpa-Guruchyadi Oil and Swalpamash Oil were his most favourite medicines for treatment of paralysis. Mashbaladi Kwath was also a very favourite medicine of his in facial paralysis. Guggulu was also another favourite medicine of Gangadhar. He copiously used Trayodasanga Guggulu in almost all cases of Vatavyadhi. In most cases he used Madhyam Guruchyadi Oil instead of Madhyam Narayan Oil. For treatment of nervous troubles he would always prescribe Sreegopal Oil. Valataila was his another favourite oil for the treatment of Vatavyadhi. He also made extensive use of Trishati Prasharani Oil in cases of ankleosis, for which also he used to prescribe Shalwanashweda or hot fomentation prepared from a combination of a variety of medicinal ingredients, both organic and inorganic. In complete nervous breakdown, he used to prescribe Maharaj Prasharani and Mahanarayan Oil. In mental derangement, due to the influence of Pitta, he used to prescribe Brihat-Shatabari Oil, Shatabari Ghritam and Himsagar Oil. Powder of Raulfia Serpentina, of which so much is spoken now-a-days

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by the followers of Allopathic medicine, was his favourite medicine for the treatment of insanity, hysteria and dismenorrhœa. Phalaghrita and Phalakalyana Ghrita were his two favourite medicines for removing sterility and hormone deficiencies in complicated female diseases. For the treatment of Vatrakta, he would always prescribe Kaisor-Guggulu, Rudra-Guruchi Oil and Panchatiktaghrita Guggulu. In piles and fistula, his most favourite medicine was Amrita Bhallatak Ghrita. In leprosy, his most favourite medicine was Mahabhallatak Gur, Brihat Somraji Oil, Kandarpasar Oil and Krishnasarpa Oil. Brihat Chhagaladyaghrita was another very favourite medicine of his for the treatment of senility, sexual debility and rejuvenation. In colic, he used to prescribe different preparations of iron pyrites and dhatri. After delivery, he used to prescribe Jirakadi Modak and Jirakadyarista. In loose Sutika, he used to prescribe Dasamularista.

Gangadhar's knowledge of Astrology and Astronomy :

He wrote a book on astronomy, namely, Kalavigyanam, in which he tried to understand and explain the changed conditions of the positions of planets in the zodiac. That is, he tried to correct the Indian system of astronomical and astrological calculations. He was a forerunner of the Panjika Sanskar of which so much is being spoken of now-a-days by different scientists and our State Governments. He felt the necessity of reconstructing the ancient Hindu system of astronomical and astrological calculations as they differed greatly from the calculations of Bhaskaracharya in his Surya Siddhanta.

He wanted to correct the 'Goladhyaya' of Bhaskaracharya, and the whole Sarani i.e., the calculative system of the Panjikas or almanacs of the 19th-century India. Like the present scientists of India, he was a believer in the Sayana system and not in the Nirayana system, which is more liked by the orthodox school of the present-day Hindus, the followers of P. M. Bagchi and Gupta Press Panjikas of modern Bengal. From this point of view, Gangadhar should be called a strictly scientific personality having regard for the changed circumstances of life, time and space. He was always conscious of the moving time along with the seasonal changes. He had no watch on his wrist. But whenever any man used to ask him the exact time, he could tell him in terms of the exact danda and pala. So, he was always conscious of the exact duration of Lagnas from the beginning to the end i.e., the movement of the earth round the sun, and used to ascertain the auspicious and ominous things during the Lagnas i.e. the 12 houses of the zodiac, representing Mesh, Brisha, Mithun, Karkat, Sinha, Kanya, Tula, Brischik, Dhanu, Makar, Kumbha and Min. He was always conscious of the peculiar positions of the planets and stars in the 12 houses of the zodiac, and as such, could definitely ascertain the exact condition of the natural phenomenon that is passing, and also of the exact nature of the phenomenon due to the peculiar changed positions of

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the planets in the firmament. He was always in tune with the Kala, the time-spirit and the Almighty Father, God, like an ancient Upanishadic sage, and that is why he is called the last sage of Ayurvedic Bengal.

The nature of the world is always changing, that is why it is called Jagat; the word 'Jagat' has come out of the root 'Gam' meaning to go.

The world is always passing from one phase to another. Therefore, everything in the world is transitory; and it is the duty of the seer to be conscious of the changed conditions to be able to adapt himself to the changed circumstances of the world. It is, therefore, a book of the type of 'Kalavigyana' is of the utmost importance to a physician, who has to deal with cases resulting out of the changed circumstances of the time and of the world, because, different diseases attack human beings with the changes of the season, time, climate, age and circumstances, that is, when the hot season changes into the cold one there is an attack; when a man passes from his childhood into manhood, there is a change in his system and there are diseases belonging to the changed conditions of age. Boyhood has certain diseases, youth also has certain peculiar diseases, while old age is also attended with certain peculiar diseases. Spring brings with it certain diseases, so also winter, rains and other seasons. While describing the main causes of diseases, Charak has written the following Sloka, which is of the utmost importance to the physicians, namely,

कालबुद्धिन्द्रियार्थानां योगो मिथ्या न चाति च।
द्वयाश्रयाणां व्याधीनां त्रिविधो हेतुसंग्रहः॥

—*Charak, Sutrasthan 1st Chapter,*

The causes of all the diseases, to which human flesh is subject have been described within the compass of the two lines by the verbal jugglery of Charak, who was and is still recognised as the best physician of the world. No other physician of the world has been able to describe all the causes of all the diseases of all time within the short compass of only two lines giving vent to the superhuman abilities and wisdom of the ancient physician-sages of India, whose ultimate object was the good of the people and no love of lucre. The commentators of Charak have delineated the full significance of the above two lines in more than 100 foolscap pages. In short, the meaning of the above two lines may be expressed that all the causes of all the diseases pertaining to the human body and mind can be ascribed to the three kinds of derangements namely, Hina (low), Mithya (false) and Ati (excessive) nature of the condition of Kala i.e. time, Indriya (sense-organ) and Indriyartha (attributes of the sense-organs with reference to time. Thus we see that a physician should possess full knowledge of astronomy to ascertain the nature of the time, that is passing about him. He must be able to feel the changed conditions of the season about him. He must be able to feel the advent of autumn, a season of "mists and mellow fruitfulness", of

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spring which brings about an increase of Rasa in the system of both man and nature. i.e. there is an increase of Rasa in the trees as a result of which there is green foliage on the branches and exuberance of coloured flowers on the branches of trees. All these are due to the influence of Rasa, that is, the watery substance of the system, namely Kapha, which results in such diseases as small-pox, chicken-pox, pneumonia and various other diseases which are nothing but the outcome of the excess of Kapha. So, a knowledge of the passing phases of time and nature is of the utmost importance to a physician.

When Lord Krishna was pleased to show his Visvaroopa, that is, his universal self, to his devotee Arjuna, Arjuna saw, to his great amazement, that all earthly beings are entering into His gaping wide mouth. He was no longer able to bear the sight and he asked Lord Krishna "आख्याहि मे को भवान् उग्ररूपः".

"Oh ! Lord, tell me, who art Thou, possessing this wild appearance." In reply, the Lord said unto him—"कालोऽस्मि लोकछ्यकृत् प्रवृद्धः"

I am Kala or the spirit ; I take into myself all the persons of the world.

As a sage Gangadhar was always conscious of the time-spirit of Lord Krishna. He was always in tune with Him and as such whenever a patient appeared before him, he could tell with reference to the knowledge of the particular moment at which the patient came, the exact working of the inner condition of his body which the peculiar positions of the planets and the stars of the moment in the firmament suggested to him.

Now, speaking astrologically, it is possible on the part of a physician-astrologer to ascertain the kind of trouble that a particular man, who has come to him for treatment at that particular moment, is suffering from. According to the principles of astrology (Vaidyaka Jyotish), of which Gangadhar was a master, the human body is divided into 12 parts, according to the 12 houses of the zodiac, as are being described below :—

1. Aries, 2. Taurus, 3. Gemini, 4. Cancer, 5. Leo, 6. Virgo, 7. Libra, 8. Scorpion, 9. Sagittarius, 10. Capricorn, 11. Aquarius, and 12. Pisces.

The following are the Lords of the respective Houses in succession :—

1. Mars, 2. Venus, 3. Mercury, 4. Moon, 5. Sun, 6. Mercury and Dragon's Head, 7. Venus, 8. Mars, 9. Jupiter, 10. Saturn, 11. Saturn, 12. Jupiter and Dragon's Tail.

Places assigned to the planets are their own houses, that is, they are the rulers of those particular regions.

Now, the first house represents the head of the patient, the 2nd house represents eyes, ear, nose, throat, teeth, mouth, neck and the shoulder ; the 3rd house represents the two hands, the 4th house represents the chest, the 5th house represents the belly, the 6th house represents the region from the navel upto the beginning of the pelvic region, i.e., the sixth house represents

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the two kidneys ; the 7th house represents the pelvic region along with the waist ; the 8th house represents the genital organ and the rectum ; the 9th house represents the two thighs ; the 10th house represents the knee joints ; the 11th house represents the two legs, and the 12th house represents the two feet along with the toes.

Of the 12 houses in the zodiac, four are malevolent in character, namely, the 3rd, the 6th, the 8th and the 12th. That is, astrologically speaking, these are bad places of the zodiac and also of the horoscope.

Of the 9 planets of the zodiac, the following are malefics, namely, Sun, Mars, Saturn, Dragon's Head and Dragon's Tail ; and the following others are benefics, namely, Moon, Mercury, Jupiter and Venus. Ayurvedically speaking, Sun is the maker of Pitta-dhatu (heat metabolism), Moon is the maker of Kapha (watery portion of the body), Mars is the maker of heat and blood ; Mercury is the maker of Tridosha (or the three blemishes namely, Vayu, Pitta and Kapha (air, heat and water), Jupiter is the maker of Kapha (water), Venus is the maker of Kapha and semen ; and Saturn is the maker of wind. Dragon's Head (Rahu) is also maker of wind and Kapha and Dragon's Tail (Ketu) is the maker of wind.

Astrologically speaking, Jupiter is the preserver ; Saturn is the destroyer of life. The Sun represents the atma or soul ; Moon represents the mind ; Mars represents the blood ; Mercury represents intelligence and Jupiter represents wealth, knowledge, wisdom and beauty. Venus is the maker of semen, intelligence, skilfulness, capacity to speak in the meeting of the wise-men and the learned, and it also represents the vital power of a man, his capacity to write. Saturn is known as the Manda or the wicked. He gives expression to the wicked side of mankind. He is a source of all kinds of troubles from which a man suffers. He afflicts man continuously for a long time. He burns slowly but steadily as husk of paddy burns. Mars kills a man immediately. He is like the Commander of an army, whose word is law and that must be performed immediately without any question. There is no mercy with Mars. He takes out his sword and immediately beheads. Dragon's Head is the devourer of everything belonging to this earth. He even attempts to devour the Sun and the Moon. His appetite is never satisfied. So, he takes within his throat everything belonging to this universe, but he is unfortunate, as he is without a belly ; he cannot retain anything. Dragon's Tail is entirely different in his nature. He does never give expression to what he thinks and what he really is. He possesses a dual nature and it is always very difficult to fathom his duality. The appearance does not tell what he exactly is. He possesess a different nature inside. His object is to kill you in the long run, but he talks sweet to you. Dragon's Tail always possesses a constipative nature, he is crooked in his nature and is never frank. He always drinks water thinking that even the Father of Lord Shiva would not be able to fathom what he is really doing.

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I have in short described the peculiar nature of the planets. Now, let me describe the diseases that the bad positions of the planets bring to mankind. The Sun is the maker of all diseases caused by the influence of Pitta. Moon is the maker of all diseases brought about by the influence of Kapha. Mars is the maker of all diseases brought about by the vitiation of blood. Mercury is the maker of all diseases that are brought about by the simultaneous influences of the Tridosha—Vayu, Pitta and Kapha, that is, Sannipat or Typhoid-type diseases are brought about by the influence of Mercury, and especially of Kapha. Jupiter is also the maker of those diseases brought about by Kapha and leads to the growth of the Saptadhatus. Venus is the maker of diseases belonging to semen of men and hormone discharges of women. Saturn is the maker of all diseases which are produced out of the derangement of wind or Vayu, such as, paralysis, colic, constipation, etc. Dragon's Head is also the maker of all diseases which are brought about by the derangement of wind and contact of outside poisons. Dragon's Tail is the maker of such secret diseases like ringworm in hidden places, fistula in ano, rings in the urinary tract, etc.

Now, if the patient possesses a horoscope, it is very easy to know the diseases from which he is destined to suffer during his lifetime. It is also very easy to describe the particular organs which are defective in character and which will be subjected to the different diseases due to the influence of the different planets posted in the horoscope at the time of his birth. Now, if the man belongs to Aries, that is, if Aries be his ascendant, he will be of Pitta temperament, that is, the influence of Pitta or heat metabolism will be permanent in his system, and he will suffer during his life from the evil effects of the vitiations of Pittadhatu. If the physician is capable of knowing the patient's inner nature through his astrological calculations, it will be easy for him to treat the case. Because, by the application of Birechanam, i.e., purgation, all his troubles will be removed. The Shastrakaras have advised "Pitte Birechanam" i.e. purgation is the best remedy for all troubles due to Pitta. Now, if the patient does not possess any horoscope, how can the physician know the peculiar temperament of the patient ? Of course, he can know it, if he possesses Kalavigyanam, that is, if he becomes conscious of the Kala or the Time and the particular positions of the planets. When the patient comes to him, he can at once ascertain within his mind, the Lagna or the ascendant of the patient who has come to him for the first time on that particular Lagna. If the positions of the planets of that particular moment are calculated, the physician will at once be able to ascertain the peculiar nature of the limbs and of the defects of the limbs, the patient is suffering from, and it will be easy for him to tell beforehand, without examining, the name of the disease or diseases he has been suffering from.

Gangadhar knew these secrets of astrology and astronomy, and as such, was

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capable of understanding beforehand the diseases his patients were suffering from. Any physician will be able to do the same, if he can master the principles of Kala-vigyanam, written by Gangadhar. Of course, he must possess a groundwork of astro-logy and astronomy, if he wants to master the Medical-Astrology or the Vaidyaka Jyotisha, which forms an important part of Ayurvedic treatment. Modern scientists and doctors of Allopathy may not be prepared to give credence to this Science and may disbelieve what I have written above, but if he really tries to learn the subject properly, he will have no cause to disbelieve it.

Medical Astrology forms an important part of Indian medical education. Susruta, the greatest writer of Indian Anatomy, Surgery and Medicine has said "ग्रहेषु प्रति-कुलेषु नानुकुलं हि भेषजं प्रतिकृत्य ग्रहानादौ ततः कुर्यात् चिकित्सितम्" If the planets of the patient are in unfavourable positions, the medicines applied do not produce any results. There-fore the planets are to be pacified first and then medicines are to be applied. The physician must possess a fair knowledge of astrology in order to know the unfavourable positions of the planets.

(To be continued)

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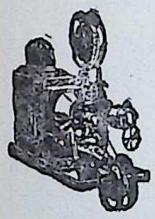

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A CASE FOR VEGETARIANISM*

J. R. Makhija, *M.D., F.C.P.C.*

Vegetarianism is not merely abstaining from flesh. It also includes certain food reforms and principles, as well as all the humanitarian movements for preventing cruelty to animals.

In many European countries, vegetarian youth movements are the order of the day. World vegetarian meetings are priodically held. There is, therefore, no doubt that man's mind is in the process of revolting against this cold-blooded murder of his fellow creatures for the sake of his food.

Physiological opinion claims that prior to ice ages, mankind must have thrived for thousands of years, only on vegetarian diet. When the ice age dawned, it devasted all vegetation. The result was that the eating of flesh was started. Vegetarianism has survived throughout the known history of India, because India remained untouched by the later glacial period.

Earlier man was a savage, and so there was no question of any moral or humanitarian consideration. It was of late, more especially during the last 50 years of this century, that a new attitude to animals—a new progressive trend, is in the process of gradual development.

Madame Elavatsky has aptly said "Every kind of animal tissue however much you cook it, still contains the marked characteristics of the animal. It imparts to the eater, physiologically, some of the characteristics of the animal it came from". This then is the "animalising effect" of eating flesh.

Critics of vegetarianism have argued that there is no difference between killing of an animal and killing of a plant. But then the plant does not suffer pain or anguish as they have no nervous system, unlike the animals who have a highly developed nervous system.

It is fallacious to assume that flesh-eating produces better people. Some of the world's finest thinkers have been vegetarians. Similarly vegetarians have been outstanding athletes. Murry Rose who came at the top in 16th Olympic games was a confirmed vegetarian. A vegetarian has swam the English Channel both ways. So there is no doubt that a vegetarian can lead a vigorous life, and a vegetarian regime can promote growth, strength and health.

Here then is a case for vegetarianism. This is also supported by scientific and nutritional consideration. We know the essentials of a balanced diet viz., (a) sufficient calories to supply requisite energy

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for work and ideal body-weight and (b) contain all the proximate principles—i.e. tissue builders (essential dietary proteins), heat and energy suppliers (Carbohydrates and fats), body function regulators (minerals and vitamins) and finally water. Nutritional experts agree that there is no doubt, that by a wise selection of a wide variety of attractive and reliable food groups from the vegetable kingdom, a perfectly balanced and nutritious diet can be planned, and that the body can get all the elements it needs.

The four important food groups for a vegetarian are :- 1. Milk, 2. Nuts, Legumes, yellow and green leafy vegetables, 3. Vegetables and fruits—including citrons, 4. Whole gram cereals and bread and, 5. eggs (in egg vegetarians). In fact, only on fruits and lacto-vegetarian regime, health can be well maintained.

In 1918 the conference of Inter-Allied Commission came to the conclusion that "No absolute need exists for meat. Proteins of meat can be replaced by proteins of vegetable origin". Again in 1932 the League of Nations set up an International Commission to report on "Minimum ration of meat required by a soldier to keep fit and active". The answer was "No" and that a diet of cereals, fruits and vegetables would be enough for perfect health.

Several objections have been put forward against flesh eating. It is difficult to get disease-free flesh, and so there is always a fear of communicating animal disease to man. Besides, toxic waste of dead animals and fear poisons released at the time of slaughter as also the bacteria from putrefactive decomposition—all these may not be destroyed by cooking and so may enter the blood-stream. Meat gravies introduce purins, xanthines and acids into the system. And again flesh is a poor source of carbohydrates and vitamins. Though it contains fat, this animal fat lining the gut delays digestion and calcium absorption. Besides, excess of fat has ruinous effects on artery, blood vessels, and accounts for a large percentage of cases of coronary sclerosis.

It has been of late proved that a positive correlation exists between fat intake and heart attacks—on the other hand, coronary thrombosis is hardly in evidence with plant food dietary habits. In the last war, autopsy on American soldiers showed marked atherosclerotic deposits under the coronaries. They were all non-vegetarians. On the other hand, coronaries of Korean soldiers did not show anything of this sort. Their diet was quite different with minimum of fat and dairy food. Importance of vegetarian regime in cardio-vascular disorders is well established. Persons subsisting on raw and cooked vegetable foods do not show high blood pressure. Many heart ailments associated with high blood cholesterol, have been reversed with plant food diet.

The most important tussle between vegetarian and non-vegetarian regimes has centred on the question of proteins. Meat proteins have been classed as first class as compared to vegetable proteins, which have been regarded as inferior. While to a very limited

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extent this may be true, it is now widely held that to a large exent this has been exaggerated beyond what is actual. In fact, the term "first class" protein is becoming obsolete. According to the Extra Pharmacopea it was based on inadequate experiments and should be discarded. The concept of complete and incomplete proteins is fast changing. The animal proteins are no longer held to be indispensible as before. It is true that animal proteins are held to be superior as most of them contain a most satisfactory mixture of all the essential amino acids, whereas vegetable proteins lack or are deficient in one or more of these essential amino acids. Therefore, as a single source of amino acids, some animal proteins may be called superior.

However, it is not necessary that all the essential amino acids should be present in one protein food i.e., each protein food need not contain all the essential amino acids. It is alright if a combination of foods gives these essential building blocks. So far the body is concerned, it makes no difference whether they come from one source or different sources. Therefore, even with a vegetarian diet, a combination of a wide variety of vegetable foods, can ultimately supply all the essential amino acids. By this "supplementation" action, two proteins used together result in a protein of higher quality, than if either of them is used alone. By this, the deficiency of one amino acid is corrected by an excess of the other. This then answers the main argument put against the vegetable proteins.

A vegetarian gets his proteins from grains, pulses, wheat, rice, milk, dairy products and soya beans. It is most important to know that the protein contents of leafy green vegetables is quite high and that the proteins of milk, curds, cheese and eggs are superior to those of flesh. The biological value and the relative merit of vegetable proteins is as under : Eggs = 94, Cow's milk = 85. Goat's milk = 60, Grams = 59, Wheat = 67 and Soya beans = 54.

As regards the amount of proteins required, it is well known that it is well known that it does not depend on occupation, mental or even physical work. Age, of course, is a factor to be reckoned. Proteins are consumed in rather excessive quantities specially in the western countries. This appears a clear waste. It has been said that a nitrogenous equilibrium can be maintained with a protein intake of 25 gms. or less per day. In fact, during the last war in Britain, proteins were reduced from 80 gms. to 36 gms. per diem—and the result was that people's health improved. Thus the excess of proteins offers no advantage. In fact, it offers a disadvantage because the proteins not used for building more tissue proteins, burn like cheap sugar and fat. Besides, the excretion of excess of nitrogenous breakdown proproducts puts an extra burden on the kidneys. This may lead to renal disorders and hypertension. In fact, vegetarians can live longer.

Taking the economic considerations, the flesh-eater takes more than his fair

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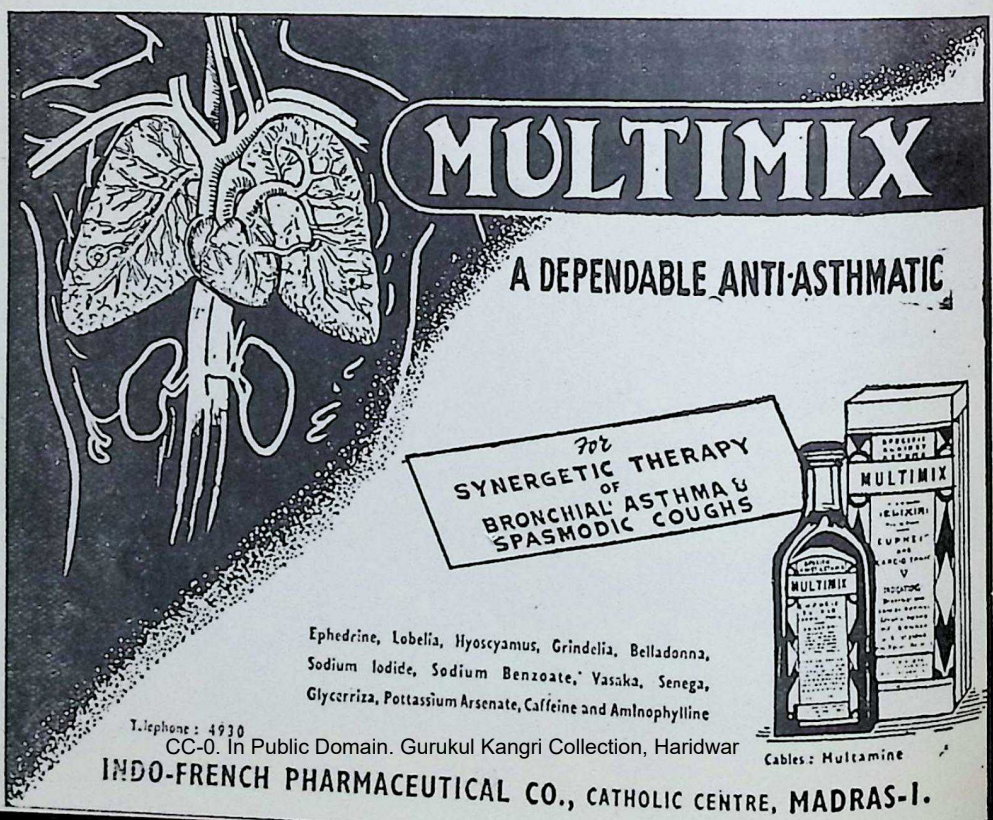

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share of available land. This has been calculated from estimating the area of land necessary to raise the food for one flesh-eater. The result is that he deprives 19 others and condemns them to a state of starvation. In fact, three times as many people can be fed on vegetarian diet as on meat diet. Therefore, considering the total world population and the total food available, the consumption of meat for the purposes of calories is a luxury and is a wanton waste. So long as this is continued, the food shortage will remain.

Finally, considering the anthropological basis, the study of species by observation of teeth, divides the animals into four categories viz. carnivorous, omnivorous, herbivorous and frugivorous. Now, as judged from teeth, mouth movements, shape of stomach, size of bowel and sense organs, man definitely resembles a frugivorous animal, and nature has designed him for fruit diet. Comparing :-

Flesh eaters

1. Very short bowel (for rapid expulsion of putrifective bacteria of decomposing flesh).
2. Long teeth and retractable jaws (for holding and killing the prey).
3. Jaw opens only up and down.
4. Saliva has no ptyalin (they cannot digest starch).
5. Secrete 10 times more Hcl (even bones can be digested).
6. Lap water like a cat.

Vegetarians

1. Very long bowel (10-12 times length of body).
2. Not so.
3. Jaw can move sideways (for chewing).
4. Saliva contains ptyalin (for predigestion of strach).
5. Secrete less Hlc.
6. Take liquid by suction,

It may, therefore, be definitely concluded that man is definitely frugivorous.

My thanks are due to the President of the Society, Dr. D. M. Telang, M.D., for kind permission to publish this paper.

*(Based on lecture delivered before the Physiological Society, Grant Medical College, Bombay).

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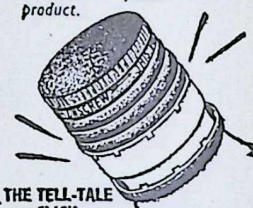

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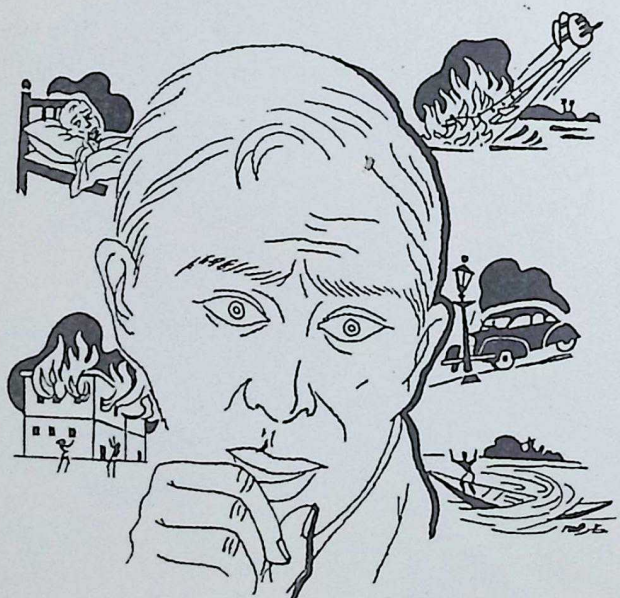

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DHATRI, THE VERITABLE GOLD OF INDIAN MATERIA MEDICA

Rajvaidya Pranacharyya Kaviraj Dr. Prabhakar Chatterjee, M.A., D.Sc., Ayurveda Brihaspati

Dhatri has been described as the veritable gold of the Ayurvedic Materia Medica. It is not always possible for the proverbially poor people of India to have recourse to medicines prepared with gold to prevent the waste and the consequent loss of vitality which the enervating climate of India is always causing to its inhabitants. However much we try, we cannot avoid the ravages of nature and the withering influence of time which is constantly trying to curb our growth and developments, and our activities and endeavours after they have reached a certain degree of development. Waste and withering are nature's inevitable laws. And all human endeavours are directed towards making good the loss and waste sustained by the animate world. And these endeavours have succeeded in giving birth to the vitamin therapy. But the ancient physicians of India were acquainted with the necessity of adding artificial vitamin to repair the loss that the human constitution is always sustaining. And as such, Atreya Punarvashu, the founder of the Atreya Sampradaya or the school of physicians discussed the question of Rasayana and Vajeekarana in the beginning of the Chikitsathana. Prior to his discussing the treatment of the different diseases he introduced the subjects of Rasayana and Vajeekarana as according to him, diseases are mainly due to the loss of vitality. So long as there is vitality or the capacity for standing against the ravages of nature and the inclemencies of weather, there is no disease, no senility or decay caused by the changed conditions. Another important cause of the loss of vitality is indulgence in sex habits. Bhaba Mishra, the famous writer of Bhabaprakash, says "शरीरे जायते नित्यं देहिनां सुरतस्पृहा।" i.e. the desire for sexual intercourse is daily present in human beings. But its urge is checked by the prevalence of good sense and intelligence. But still the loss of semen is inevi-

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table due to sexual intercourse and sex thought after the attainment of youth And this surely brings waste or loss of vitality in the system. And it is for this purpose that the ancient physicians of India have prescribed certain ways and means for repairing the loss caused by the seventh or the last Dhatu of the human constitution.

Of all the herbal ingredients that have been prescribed by the ancient physicians of India for repairing the bodily loss of the human beings, Dhatri is the best and the most powerful in arresting senility as has been proved by Chyavanaprash—an elixir whose main ingredient is Dhatri.

All earthly articles are composed of six Rasas namely (1) Sweet, (2) Acid, (3) Saline, (4) Pungent, (5) Bitter, and (6) Astringent. But there is no article which contains all the Rasas excepting mercury which is the depository of all the six Rasas. And as such mercury is known as Rasamaya-Shiva-Beerjam or the indivisible atom which is the main source of the creation of the Universe.

Dhatri possesses all the five Rasas excepting the saline Rasa or the Labana Rasa and that is why it is so powerful as a vitaminous medicinal ingredient. According to Dhanwantarya Nighantu it is astringent, pungent, bitter, hot, sweet and cold. Its juice is the killer of the Tridoshas or the three blemishes, namely, (1) Vayu, (2) Pitta and (3) Kapha of the constitution. It is aphrodisiac and killer of fever and remover of senility, early death and decay. It is a pacifier of Vayu due to its possession of the acid Rasa. It is a pacifier of Pitta because of its possession of the sweet Rasa and of its being cold by virtue. It is a killer of Kapha becaue of its possession of the Kasaya Rasa or astringent taste and its being Ruksha in character.

Raj Nighantu says that Dhatri possesses the following attributes, namely, it is (1) astringent, (2) acid, (3) sweet, (4) cold, (5) light. It is a pacifier of burning sensation, excess of Pitta and vomiting. It removes venereal complaints, and inflammations. It is a destroyer of senility, untimely death and diseases. It is an appetiser, a remover of fatigue, stagnation, and wind in the stomach. It removes all kinds of obstruction in the different Margas or ways of the different veins, arteries and capillaries of the constitution. And as such it is very efficacious in wasting diseases which are in most cases caused by the blockade brought about by the Amadosha or the excess of mucus due to indigestion caused by intemperance in food, drink and sexual intercourse and also by the influences of the enervating climatic conditions of India where the six seasons appear in quick succession and render the body open to seasonal diseases.

Bhaba Mishra, who is the greatest of the compilers of the Ayurvedic Materia Medica says :—Dhatri is almost like Haritaki in its possession of medicinal attributes. But it has some special features, namely, it is a killer of Hæmoptysis, venereal complaints, senility and loss of sexual appetitite. The pulp of Dhatri possesses the

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attributes of its fruit. According to Rajballava Nighantu, Dhatri should be used before, within and after the taking of meal.

Special uses of Dhatri by the standard authors of Ayurveda

Charak has made the following special uses of Dhatri in his treatment of different diseases.

(1) In fevers due to an attack of Erysipelas, the juice of Dhatri is to be taken with an admixture of pure cow-ghee. And if the patient possesses a hard and heavy stomach it should be mixed with powdered Tribrit.

(2) In Hiccup, juice of Dhatri with powdered pippali should be taken.

(3) In white leucorrhœa the paste of Dhatri prepared with water, sugar and honey should be used. The raw juice of Dhatri or its powder should also be licked with honey.

Susruta has made the following special uses of Dhatri in different diseases :—

(1) In piles, Dhatri should be used with powdered Guruchi and Takra.

(2) In Leprosy, juice of Dhatri should be cooked with the old cow-ghee and taken.

(3) In venereal complaints, Dhatri should be used with the rice of Shyamaka and Nibar Dhanya (paddy of the type of Shyamaka and Nibar grasses which are to be found in an abundant quantity in the mountaineous regions). And the patient should live mainly on fruits and also live in the company of the animals of the jungles and walk to and fro and give up his sendentary habits.

(4) In urinary complaints—the patient should drink an enough quantity of the juice of Dhatri and he is sure to be free from the attack of all types of urinary complaints.

(5) Vagbhat says that

(i) in cough, the powder of Dhatri should be taken.

(ii) the kshirapak or the powdered Amlaki 2 tolas in weight to be boiled in 1/4 seer of milk and a seer of water till the water is vaporised. Then the decoction is to be taken with 1/2 tola pure cow-ghee. It has the power to heal cough of any kind.

(iii) juice of Dhatri is the medicine for Prameha or venereal complaints.

Chakra Datta says :—

(1) A paste made of Dhatri fried with pure ghee and mixed with milk or Dhatri boiled in milk and then fried with Ghee and made into a paste with goat's milk and til oil and applied on the head, serves an embankment in the matter of checking the free flow of blood in Hæmoptysis.

(2) In colic due to the derangement of Pitta and Vayu, the raw juice of Amlaki with sugar is a ready remedy.

(3) In urticaria, powder of Dhatri is to be taken with Gur (molasses of sugar-cane).

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Bhabaprakash has made use of Dhatri in the following manner :—

(1) In Retention of urine, a paste made of dried Dhatri is to be applied on the pelvic region.

(2) In burning of the vagina, the juice of Amlaki is to be drunk with sugar.

Harit says that if a piece of sandal wood is rubbed on a piece of stone with the juice of Dhatri and honey and a pill is made of the paste of the size of Dhatri it is capable of surely curing Dyspepsia.

(2) If a paste is made of Dhatri with cow-ghee and molasses, it can cure ulcer of the head quickly.

Banga Sen has used—

(1) the juice of Dhatri and that of sugarcane with honey in urination mixed with blood.

(2) In eye diseases, the juice of raw Amlaki is a powerful medium if the eyes are filled with the raw juice produced out of green Dhatri fruits.

(3) In the diseases of Bichhi belonging to the children, a paste of Dhatri after it has been exposed to seven Bhabanas of cow's urine, is very effective.

The foreign readers of this article should be acquainted with different forms or modes of the applications of Ayurvedic medicines.

They are known as the Panchakarmas of Ayurveda :—

(1) Vamana—Treatment by emeties.
(2) Virechana—Treatment by purgatives.
(3) Anubasana—or Administration of oily enemata.
(4) Niruhana—Administration of Dry enemata.
(5) Shirovirechanam or the purgation of the head through the nasal organ in the region of the head.
(6) Bastikarma—Injections into the rectum, urethra, or vagina.
(7) Shirovasti—Application of a paste made of different ingredients on the head or of hot oily substances mixed with vegetable ingredients for causing the purgation of the head with a view to cure diseases pertaining to brain, head, ear, nose, eyes and throat.
(8) Kavala—Gargling.
(9) Pralepas—plasters.
(10) Pradeha—Poultices.
(11) Netra-Karma—Application of medicines to the eyes.
(12) Nasyam or application of powdered medicated substances to the nose.
(13) Swedana—Application of heat to the person for causing perspiration and thereby removing the morbidities from the body.
(14) Dhumapana or inhalation of the smoke of the boiled or burnt-out medicinal ingredients.
(15) Dhupana or fumingation.
(16) Ksharakarma or caustic application.
(17) Phalabarti—Application of suppositories.
(18) Shirabedh or penetrating of veins for letting out impure blood.

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(19) Agni-Karma—Burning of a certain portion of a limb with a view to stopping the constant passing or oozing out of water from the eyes, nose or from any other part of the body as a result of the appearance of an ulcer.

Different vehicles of Ayurvedic applications of medicines :—

(1) Swarasa or juice.
(2) Phanta—decoction of hot water soaked with the juice of medicinal ingredients.
(3) Shitakasya—cold water with ingredients soaked therein.
(4) Kwath—Decoction.
(5) Churna—powder.
(6) Avaleham—boiled and then condensed Rasa of raw medicinal ingredients.
(7) Prash—boiled and then solidified ingredients of medicines.
(8) Modak—Powdered ingredients boiled in sugar, water, molasses and then condensed.
(9) Ashab—cold water in which ingredients have been fermented.
(10) Arista—boiled and fermented ingredients.
(11) Batika—or pills of powdered ingredients after exposing them to the rays of the sun during the daytime, and to the rays of the moon during the night.
(12) Tailam—or medicated and boiled oil.
(13) Ghreetam or medicated and boiled refined butter.
(14) Ksharas—Burnt and then boiled ingredients producing ksharas or alkali.
(15) Arka—Tincture.
(16) Bhasma—incinerated or burnt ingredient.

We shall now deal with the tree known as Dhatri. It grows wildly in the forests of India, Burma and Ceylon. It is seldom planted in the garden. It grows to a very great height. Its leaves are like those of the tamarind tree. It has got small yellowish flowers. The Dhatris of Varanashi have got a good name in the market. Dhatris grown in Bengal are much smaller in size. A full-fledged good Dhatri bears the colour of pure natural sulphur. It also possesses all the attributes of sulphur which is the queen of mineral ingredients.

The Dhatris of the Deccan sea-coasts and those of Kashmir are also very good and grow abundantly in those parts. Dhatri is an auspicious tree and is worshipped by the Hindus all over India as an embodiment of Goddesses Durga and Luxmi. In the month of Kartick when the fresh fruits are available in huge quantities in U.P., people go out for excursions and sit under the Dhatri tree, worship it and cook their food underneath its shade, enjoy the whole day in the open air and thereby gain good health, as in the month of January the people of Bengal go to the meadows after the paddy has been harvested to celebrate the Pous Parban, cook their food in the paddy field, worship the Goddess Luxmi and return home in the evening after the picnicking is over.

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Dhatri is widely known by the name of Amlaki in Ayurveda and we shall now describe it by this name.

It is a very good marketable commodity and has a great commercial value. The Amlaki fruit is greatly used by all classes of physicians. During the first World War, when the soldiers were suffering from an attack of scurvy for want of diet- made of green vegetables, the physicians made extensive use of Amlaki in its condensed form and got very good results.

All parts of this valuable tree are used by the people. Its fresh, ripe and dried fruits are extensively used in medicines. Its roots, leaves, seeds are also used as ingredients of medicines. Its wood is also used for making furniture. It is one of the main ingredients of the famous Ayurvedic medicine known as Triphala which is extensively used in the Ayurvedic Materia Medica.

According to the modern estimate, the constituents of Dhatri or Amlaki are gallic acid, tannic acid, gum, sugar, albumen, cellulose and mineral matter. If its branches are the put inside muddy water, they will render it clear and transparent. An extract made out of its wood is also astringent in taste.

The fresh fruits of Dhatri are laxative and are used in chronic constipation. They are also refrigerant, diuretic and laxative. Its green fruits are exceedingly acid in taste. It is a tonic to the brain. It is also very largely used in convalescent stages of wasting diseases, typhoid fevers and chronic diarrhoea.

We have seen that Dhatri is used as a medicinal ingredient in almost all the diseases mentioned in the Ayurvedic Nidan. And it is a very powerful drug of the Indian Materia Medica. We shall now speak of its special application in some of the diseases.

(1) Amlaki is specially used in Pittajwara or in fever due to the influence of pitta. In excess of heat metabolism, the paste made of Dhatri and dried grapes with an addition of sugar is to be taken. A syrup made of the above article is also effective in removing burning sensation and vomiting tendency. In Jaundice, arista made of green Dhatri juice is very efficacious. In colic of various types, Dhatri has the greatest possible use in the Ayurvedic Materia Medica. Amlakikhanda, Kusmanda Khanda, Khandamlaki, Dhatrilouha, Dhatravaleha, Dhatri Tailam, Dhatri Ghreetam, Dhatri Sarkara are very effective medicines of Pittasul, Parinamasul, various kinds of liver complaints, bloodlessness, jaundice and pernicious anæmia.

Paste of dried Dhatri is applied on the head by the ladies for enhancing the blackish hue of the hair. Udvartanam or the besmearing of the paste of the dried Amlaki is applied on the whole body and specially on the head. And this helps, to a great extent, to remove the bad smell of the body. And if the above paste is applied on the head, it checks the flow of blood from the nose. In cold, cough, asthma and slow fever attended with senility in old age, the Avaleha of Dhatri known as Chyavanprash is largely used.

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If powdered Dhatri, which has been exposed to seven Bhabanas of the juice of ripe and green Dhatri or of the decoction of Dhatri, is made into pills weighing from one anna to four annas per dose, it has the power of curing scurvy, bloodlessness, jaundice, colic, loss of vitiality, diabetes, prameha of all kinds, cough, cold, old fever, loss of appetite and constipation. The above pills are to be used with different accompaniments such as the juice of turmeric, sugar water, sugarcandy water, juice of Basa leaves, khestraparpati leaves, paste of dried grapes with sugar and sugarcandy, juice of Kusmanda, juice of Satabari, juice of Apamarg, juice of Saptaparni and Kutaj.

The Avaleha of Dhatri dried in the sun and made into pills weighing from one anna to four annas may be profitably used in the following diseases with the following accompaniments.

(1) Chronic old fevers (Bishama Jwaras and Jeerna Jwaras)—

(i) with the juice of Guruchi creeper.
(ii) with the juice of Saptaparni.
(iii) with the juice of Shephali.
(iv) and with powdered Kala Jeera.

(2) In Colic (i) with cow-ghee and honey.

In Pittaja Colic—

(ii) with the juice of Kusmanda.
(iii) with the juice of Satabari.

In Vataja Colic—

(iv) with the juice of Eranda.

In Kaphaja Colic—

(v) with the juice of Ginger.
(vi) with lime water.

In Shlesma-Pittaja Colic—

(1) with Triphala water
(2) with powdered Katki and sugarcandy.
(3) with milk and honey and sugar.

In Jaundice—it is to be taken with powdered Katki 1/2 tola in weight with sugarcandy of the same weight.

In Rakta Pitta—it is to be used with

(1) the juice of Karkandhu.
(2) with the juice of Kusmanda and sugar.
(3) with the juice of Satabari.
(4) with the juice of Durba grass and sugar.

In Phthisis—it is to be used with

(1) cow-ghee, honey, sugar, milk and the juice of Satabari and powdered Godhuma.
(2) It should be used with goat's meat-juice.
(3) with goat's milk, sugar and Arab dates.
(4) Butter and honey and sugarcandy

In Cough—it is to be used

(1) with pippali and honey.
(2) with juice of Basa leaves and honey.

In Prameha—it is to be used with the juice

(1) of raw turmeric.
(2) In retention of urine it is to be used with the decoction of Gokshura and Kwath of Trina Panchamula.
(3) In the turbidity of urine it is to be used with the decoction of white, green and red types of Sundi flowers.

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(4) juice of the leaves of Sthalpadma or land-lotus flower.
(5) juice of Satabari.

In Diabets or Madhumeha—It should be used :

(1) with the juice of raw but fully ripe Dhatri and ripe plantain and honey.
(2) with juice of Bimbi leaves.
(3) with the decoction of Benupatradi.
(4) with the juice of raw Guruchi.
(5) with the decoction of Triphala.
(6) with the juice of raw turmeric.
(7) with the decoction of Gokshura.
(8) with the juice of Jhinga or Tarui or Ghosa.
(9) with the decoction of flowers of green and raw plantain.
(10) with the juice of pomegranate.

In rejuvenation, it should be taken with the increased doses of raw turmeric juice and honey—raw Satabari juice and honey—powdered Aswagandha and honey and milk—decoction of Gokshura and honey—powdered Sukashimbi and honey.

In Bajeekarana with powdered Banari seeds, milk and honey and sugar.

If the fully ripe raw Amlaki be taken every day with increased doses i.e. by increasing the number and quantity every day gradually, until it rises upto one thousand in number—the result is the cure of diabetes. But the patient has to walk on foot a considerable number of miles per day and has to live on the rice made of Nivar grass and milk. He also should be able to live in the company of the animals of the jungle in the mountainous regions.

If the juice of raw but ripe Dhatri is taken with one tola of Suryyatapi pure Shilajatu for a year along with one anna of incinerated Subarna Makshiks, the result is the cure of diabetes which defies the attempts of the most veteran physicians of the world.

A regular use of Dhatri in its various forms, namely, (1) Raw fruits, (2) Juice, (3) Powder, (4) Kwath, (5) Avaleham, (6) Bhabana-datta powder, (7) Tailam, (8) Ghreetam and (9) Paste, purges the body of all the internal blemishes or Doshas, tones the body, strengthens the tissues, increases the strength of the liver, clears the bowels and thus increases one's longevity.

Dhatramrita with salt and with sugar

(1) Take five seers of fully ripe green Banaras Dhatri and put them into a jar and add five chhataks of salt and keep the jar in the sun for about a month after keeping the mouth of the jar open when it is exposed to the sun. But at night it should be kept closed up. As a result of the exposure, the Dhatris become sun-boiled and become a very efficacious medicine for defective liver and all sorts of indigestion.

(2) The second kind of Dhatramrita is prepared by the addition of one chhatak of sugar per seer of Dhatri instead of salt in the same process and becomes fit for curing all diseases arising out of the derangement of Pitta and all complaints arising out of the metabolic disorder.

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(3) Morabba of Dhatri which is very nicely prepared by boiling ripe Dhatri fruits in water and then frying them in cow-ghee and then putting them inside boiled sugar-water. This is used as sweetmeats very widely in the district of Birbhum in West Bengal. As Dhatri has got some medicinal value, it should be more widely used everywhere in India both as a food and medicine.

Achar and Chutnies made of Dhatri are very palatable and used all over India. Salt, mustard oil and spices are added to it and exposed to the rays of the sun and Achar is prepared and largely used for having an increased taste for food and drink and also for removing loathness for food arising out of a long-standing disease.

Dhatravaleha in its condensed form should be very largely used as a vitaminous drug during military operations in distant lands. It should also be largely used by the sea-going people, its sailors, cutlers and other officers who have to be without green vegetables for a long time when they are to pass through distant waters in long voyages. So Dhatri has a great commercial value and is, therefore, an important article of merchandise.

When people suffer from food problem due to shortage of such crops as paddy, barley and wheat and develop bowel complaints, anaemia, low vitality, vitamin deficiency generating various deficiency diseases—Dhatri can definitely come to their aid and free them from the above troubles to a great extent if they use it in the following manner :—

Food Deficiency and Dhatri

(1) Boiled Dhatri mixed with sugar or molasses and salt is very good vitaminous food and can stand a man in good stead for a long time. Dried Dhatri retains its vitaminous properties for a long time and as such it can be stocked for the purpose and largely used.

(2) If a little quantity of powdered Dhatri along with a little sugar and salt is taken every day early in the morning, it can repair, to a great extent, the loss sustained by a man for not taking sufficient quantity of food during the previous night.

(3) If Dhatravaleha is used in its condensed form after getting it dried up in the sun or in its pill forms, it is powerful in arresting the vitamine deficiency.

So Dhatri pills should be manufactured on a large-scale process and distributed amongst the refugees, the poor people, the famine-stricken people, the flood-stricken people and the malaria-stricken people for removing their deficiency diseases.

We have described Dhatri to be as good as gold in our heading line. But really speaking, it is more powerful than gold. It is more useful than gold which is not within the easy reach of the poor teeming millions of India. One very powerful attribute of gold is that it is the best remover of the poisonous elements from the body and specially from the heart which is the main centre for the formation of pure blood in the body. Blood in the body may be vitiated due to various reasons. It may be vitiated due to the derangement of the internal doshas

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and also due to the influence of the external doshas or infection of external poison in various ways. Be that as it may, vitiated blood lives in the heart and gradually causes heart troubles and becomes a source of bringing about a large number of diseases. If Dhatri in any form is taken regularly for some time, it has the power of purging blood of its poisonous elements. Another attribute of gold is its capacity for removing the derangement of five kinds of Vayu of the system. The vitiated blood does not pass freely in the veins and arteries and as such the srotas or margas carrying the Dosha, Dhatu and Mala of the system are blocked. And there is Rheumatism, Gout and Arthritis, Blood Pressure, Diabetes and breakdown of the nervous system. Good, rich and pure blood is the chief source of a healthy and long life. Dhatri purifies the blood by giving a tone to the liver helping a regular passing out of urine and stool and thereby increasing appetite which helps one to relish the food and digest it. Thus we see that the taking of Dhatri generates the power of taking and digesting food which helps the creation of pure blood in the system. And pure blood is the root of all kinds of bodily development and longevity. Moreover, it is less costly and always available everywhere and possesses all the attributes of gold in its incinerated form. And as such Dhatri has been described to be the gold of the Vanaspati or the herbal kingdom of the Ayurvedic Materia Medica. Moreover, it is the practice of the Briddha Vaidyas of India to add one article possessing the same attribute instead of another, in case of its non-availability (according to Ayurvedic Paribhasa Vijnan). So when gold is not available or not purchasable due to the poverty of the patient concerned, the use of iron has been prescribed instead of it in Ayurvedic Rasachikitsa or treatment by the use of metallic medicines.

In cases of the non-availability of any of the herbal ingredients the addition of Dhatri has been recommended by many of the Vaidyas of the old school of thought and experience. In cases of the non-availability of sulphur, mica, iron, the use of dried and powdered Dhatri has been prescribed by the experienced Vaidyas. So the epithet of gold which has been placed before the name of Dhatri is apt for its inherent good qualities that are capable of making a commodity widely known and regarded. (Vide the Bengali Adage "গুণে উপজে প্রীতি, পরিচয়ে নহে।" i.e. true love arises out of the possession of good qualities and not out of mere acquaintance).

Attributes of Dhatri at a glance

(1) It is Tridoshaghna—as such can be used in all diseases.

(2) It is both Dharak and Sarak i.e. both laxative and constipative and that is why it is used in Raktapitta (Hæmoptysis and Raktapradar or Menorrhagia).

Its laxative character is proved by its being included in the Triphala which is a very famous medium for purgation and bringing down the upward movement of the Vayu

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and thus putting into order the whole of the nervous system.

(3) It is a great blood-purifier.

(4) Remover of waste, senility, premature old age and decay.

(5) It is a specific of Jaundice and colic.

(6) It is highly efficacious in urinary diseases.

(a) It is applicable in twenty different kinds of Prameha.

(b) It is applicable in strangury and stone.

(c) In Diabetes its power is always more than has been described in the ancient Sanhitas.

(7) It is also very efficacious in Rasayan and Vajeekaran affairs.

(8) It is really efficacious in Heart diseases.

Specialities of Dhatri in arresting the progress of Diabetes :—

According to Susruta, Diabetes or Madhumeha is an incurable diseases. He has said :

सर्व्वे एव प्रयेहास्तु कालेनाप्रतिकारिनः
मधुमेहसमायान्ति तदसध्या भवन्ति हि ॥

All Pramehas if allowed to run in the body become incurable in course of time and turn into Madhumeha which is never curable. This remark of Susruta remains unchallanged even today. And so long as Diabetes will remain incurable, the superior understanding of the Aryan sages in the matter of discussing the nature of the diseases should not be questioned. But Susruta has prescribed the use of Dhatri in urinary diseases specially Madhumeha. He has prescribed physical exertion in the shape of walking barefooted in the mountainous regions. He has also prescribed the taking of a sufficient quantity of green and fully ripe Dhatri. Commentators of Susruta have explained the method of taking Dhatri for curing Madhumeha. According to them, ripe Dhatri should be taken every day in gradual but increasing quantity, until the quantity reaches upto one thousand and then reduce the quantity little by little to nil. And in this way when two thousand fully ripe Dhatries are taken in, the patient has a very good chance of being fully cured. If during the period of taking Amlaki, he can live on cow's milk and nothing else, he has a very good chance of being fully cured of Diabetes. The patient should avoid all sexual intercourse and intimate connection with women. He should try to live a carefree life having absolutely no mental exertion of any kind.

The tincture of Dhatri is very efficacious in the loss of vitality, liver complaints, jaundice, anaemia and venereal complaints.

If equal quantity of Dhatri is immersed in absolute alcohol and kept within an airtight phial or pot for seven days and then used in the dosage of five to ten drops per one ounce of water, it adds to the vigour of the body and restores the lost vitality in no time.

Dhatri used in the above process is very efficacious in heart diseases and in both low and high blood pressure.

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In Brain complaints due to loss of the vital fluid or semen, the paste of dry Dhatri fried with cow-ghee and mixed with milk and the juice of Satabari, Bhringa-raja and Brahmi should be applied on the head. This is also a very good medicine for cerebral thrombosis which is baffling the attempts of the most successful physicians of the world.

If the raw juice of fully ripe Dhatri is drunk every day at the dosage of two ounces per day, there will never be any attack of heart diseases.

If a little quantity of salt is added to Dhatri, it becomes a complete food, and is capable or removing the waste that the body undergoes in the course of daily wear and tear due to change of seasons and the withering influences of the time.

Now-a-days everywhere, we hear of the lowering down of the vitality, the loss of the internal urge for new and fresh exertion. It has been due to want of fresh milk, pure cow-ghee, fresh fish and meat and enough quantity of pure bread and rice, also even pure mustard oil.

Milk and rice were the staple food of the Indians. As a result of the changed circumstances of the world, we are not getting the above two articles in proper quantity for everyday use and as such we are daily suffering from bodily losses in various ways. And these are producing various diseases. So if the people have recourse to the regular use of Dhatri in any one of the above-mentioned forms, they can easily repair the loss to a great extent at a much lesser cost.

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HRIDAYA (HEART),—II

THE SEAT OF CONSCIOUSNESS

Kj. Upendra Nath Das, *Kavya-Vyakaran-Sankhyatirtha,* **and**
Kj. Rabindra Chandra Choudhury, *B.A., Kavyatirtha, L.A.M.S., Bhisagratna*

As regards treatment, treatments of वातिक, पैत्तिक and श्लैष्मिक उन्माद differ from one another. There is no difference between treatments of Rajoguna and Tamoguna. To pacify both of them, it is necessary to develop Sattvaguna. There is no different symptomatology for Rajasa and Tamasa Unmada. The same principle applies to Apasmara.

Pathology or Samprapti of Apasmara :— Of one whose Chitta (or mind) is disturbed by Rajoguna or Tamoguna or in whom the increased doshas roam too much, these increased doshas affect the Hridaya, the best seat of Antaratman (अन्तरात्मा), take full possession of it, though they reside partially in the seats of senses too. In that state, when these doshas being agitated by lust, anger, greed and fear etc., attack the heart and the seats of the senses and fully overpower them, the paroxysm of Apasmara or Epilepsy takes place. It has also been written that the accumulated doshas attack the heart through the dhamanis and that these acute doshas bring about Apasmara when they attack the external or internal sense seats.

Here in the sentence, "हृदयमिन्द्रियायतनानि" the uses of the singular member in हृदय (Hridaya) and the plural number in इन्द्रियायतनानि by the author suggest that Hridaya or Heart is one and the seats of senses इन्द्रियायतनानि are many (five). In Charaka-Samhita, while delineating the मस्तिष्क or the brain, the author says that the organ wherein are situated pranas, indriyas and which is the best of all limbs, is called Shiras.

As :—यत्र प्राणभृतां प्राणाः श्रिताः सर्वेन्द्रियाणि च ।
यदुत्तमांगमंगानां शिरस्तदभिधीयते ॥

This verse makes one thing clear. The indriyas are not simply the external openings of the senses which are visible outside, but the organs from the openings of the senses to their roots in the brain. So it is said—"अनुमानगम्यानामिन्द्रियाणाम्, विषय-

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ग्रहणलिंगेन अनुमीयमानानीन्द्रियाणि ॥" The indriyas are understood as the causes which make us realise sense-objects. These quotations from the shastras prove the following :—If the external opening is recognised to be the indriya, then this indriya is patent to the naked eye and there is no need of inference. Another point is that this indriya is the instrument through which Atman realises sense-objects, as is shown by इन्द्रस्यात्मनः करणानि–इन्द्रियाणि This definition proves that all the organs or limbs taken together which take part in the realisation of any particular sense-object as form (रूप), juice (रस) etc., go to constitute one इन्द्रिय (indriya). The inference is that all the brain-centres of indriyas for the reception sense-objects as रूप (rupa) etc. are not distinct from indriyas. They all are indriyas and बहिरिन्द्रिय's. But the हृदय of singular number with which the dhamanis are connected, is a single unit and is situated in the thorax. This हृदय or मनोवहस्रोत are the seats of internal senses, mans and buddhi. In the pathology of Unmada and Apasmara in Ayurveda, Hridaya of the thorax, manobaha shrota and the seats of the indriyas in the head are called दूष्य's or affected parts. In their treatment, particular stress is laid on cleaning of these दूष्य's. For instance, in treatment of Unmada, it is written :—

हृदिन्द्रियशिरःकोष्ठे संशुद्धे वमनादिभिः ।
मनः प्रसादमायाति स्मृतिं संज्ञांच विन्दति ॥

In treatment of Apasmara, it is said :—

तैरावृतानां हृत्स्रोतोमनसां संप्रबोधनम् ।
तीक्ष्णैरादौ भिषक् कुर्यात् कर्मभिर्वमनादिभिः ॥

When these doshas overpower the Hridaya or manovaha shrotas, it is necessary to stimulate them by violent emetics etc. Thus, when one having faith in Ayurveda, studies and thinks over it, it becomes quite patent that while the seats of the senses in the head have not been ignored, the Hridaya of the thorax has been accepted as the seat of consciousness, manas, buddhi and indriyas as well as the root of the channels or shrotas of prana, manas. There is no room for doubt on that score. In Ayurveda, more importance has been attached to Hridaya than in modern medicine. According to the modern conception, the function of the heart is to propagate blood to the whole body, to pump it to the lungs, to receive it from the lungs and then to distribute it to the whole body. Thus the functions of the heart consist only in attraction and repulsion of blood. The seat of mind, buddhi, consciousness and senses is the brain only. The ultimate centre of the eye and other senses is the brain. There are different centres for different senses (indriyas) in the brain. The propagation of realisation of sense-objects goes upto these centres and ends there. No shrota is discernible further ahead upto the heart (Hridaya) The control of the cardiac movement from the brain is done through the vagus or the tenth nerve. If this nerve is cut, the cardiac movement is unbridled, ultimately the heart cases to act and the animal expires. If the centre of some sense or indriya is destroyed, that indriya becomes inactive. There is no connection with the heart of the senses

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of knowledge ज्ञानेन्द्रिय's nor of the senses of action कर्मेन्द्रिय's. The modern doctors say that the diseases as Unmada, Apasmara etc. have no connection with the heart.

Even contemporay classical writers sometimes differ. So the difference between an old and a modern author is much more possible. It becomes impossible for ordinary people to choose the correct position when the Samhita-writers are at variance. For this reason, those who believe in modern ideas, accept the modern theory to be correct. There is nothing to worry over these controversies. But since some modern allopathic scholars began to read Ayurveda and write on it, some of these learned writers began taking pains to take Hridaya of Ayurveda, the seat of consciousness to the brain. The fun of it is that while Ayurveda, by its hundreds of unambiguous words, has declared Hridaya of the thorax to be the seat of consciousness, still on account of the inflnence of their mental likings and dislikes, these modern scholars ascribe those very words for Hridaya to the head and call it the brain. Among these, Mahamahopadhayaya Kj. Gananath Senji leads the lot and Dr. Dhirendra Nath Banerjee is the ultimate writer. Here we are refuting their theories in brief. Sri Gananath Senji while describing the मस्तिष्क or brain in Pratyaksha Shariza says :—

"तत्र सांगोपांगमस्तिष्कं सहस्रदलपद्मसादृश्यात् सहस्रारमिति सर्वज्ञानप्रयत्नाकरं मन्यन्ते योगिनः।"

Then in the foot-note on the text, he says,

'यत्तु वैद्यके—बुद्धेर्निवासं हृदयं प्रदूष्य' इत्यादि विरुद्धप्रायं वचनम्, तद्मस्तिष्कमूलस्थिताज्ञाचक्रांशभूतब्रह्म हृदयाभिप्रायेण, योगीनो हि षटचक्रनिरूपेण मस्तिष्कमूल स्थमाज्ञाचक्रमुपक्रम्य एतत्पद्मान्तराले निवसति च मनः सूक्ष्मरूपं प्रसिद्धम्" इति स्पष्टमाहुः। न च मनोविरहिता बुद्धिरस्ति। श्रुतिश्च—'य एषो अन्तर्हृदय आकाशः तस्मिन्नयं पुरुषो मनोमयः इति (तैत्तिरीय उपनिषद, षष्ठ अनु)। यच्च सुश्रुतोद्धृतं हृदयं चेतनास्थानमित्यादि, प्राचीनवचनं, तदपि एतदभिप्रायकमेव 'जाग्रतस्तद् विकसति, इत्यादि निर्देशादिति दिकावचमांसमयमेव हृद्यन्त्र तदिति वाच्यं, तद्धि न कथमपि ताद्शलक्षणाभिधेय भवितुमर्हति, असम्भवात्।

Here Gananath Senji compares the मस्तिष्क or brain with a lotus of a thousand petals, calls it सहस्रार and says that the sages (Jogins) consider it to be the source of all knowledge and activity which refer both to the sensory and the motor nervous system. Here Kaviraji, while writing out an Ayurvedic text book, could not find enough materials to justify the brain as the source of sensory and motor functions. On the contrary, he develops his ideas prejudiced by western knowledge by making use of the word Jogin (योगिन) and tries to mislead the timorous reader. Though he makes use of the word "Jogin", he does not give the name of any Jogin, nor give any reference to any Joga-text (योगशास्त्र). On the other hand, Sri Bhagvat Gita which is called the Brahma-Vidya and Jogashastra, writes clearly thus :—

"ईश्वरः सर्वभूतानां हृदेशेऽर्जुन तिष्ठति।"

"सर्वद्वाराणि संयम्य मनो हृदि निरुध्य च।
मूर्ध्न्याधायात्मनः प्राणमास्थितो योगधारणाम्॥"

Here for योगी (Jogins) it is enjoined

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that the mind or mans should be concentrated on the Hridaya and pranas and indriyas should be fixed on the brain, instead of, on the heart. Jogashastras and other classical texts may plentifully be quoted to prove that Hridaya is the seat of Atman or sensation. Next, the statement of Kaviraji quoting "बुद्धेर्निवासं हृदयं प्रदूष्य" etc. that these lines are contrary to facts, can be called so only in the light of his western knowledge, but these lines nowhere conflict with the old classical texts, as of Ayurveda etc.

When the conclusions of old Ayurvedic and other classical literature accept Hridaya as the seat of sensation, there should be no fear of contradiction.

Then in order to find a solution to his imaginary contradiction, he says that the word Hridaya refers to Brahma-hridaya (brain) in the Ajna-Charka of the brain. While identifying Shatchakra (षट्चक्र), he describes Ajna-chakra and says that behind this lotus, the mind resides and buddhi cannot remain without manas probably and that sensation without buddhi is meaningless. For this reason, Ajna-chakra of the mastiska is called Brahma-hridaya which again is the Hridaya, the seat of sensation. The Hridaya of the thorax, being fleshy, cannot be the heart, the seat of consciousness on the ground that it cannot be the heart, the seat of consciousness on the ground that it cannot expand during wakefulness and close during sleep. He further says that the fleshy Hridaya cannot be the seat of consciousness, it is impossible by all means. The wonder of it is that Kaviraji, a vastly learned man, did not take the trouble of considering that in the beginning of Ayurveda, "Purusha" has been described as the peculiar combination of manas, body and Atman. This proves the fact that in Ayurveda, these three things are matters of major discussion and in all the classical text-books as Charak, Sushrut, Vagbhata, Bhelasamhita, Kashyap-Samhita etc. the identities, places, functions are described in detail but sometimes in a conflicting manner. In Charaka, it has been written :—"यदिहास्ति तदन्यत्र यन्नेहास्ति न कुत्रचित्" "What is here, you will find elsewhere ; what is not here, you will not find elsewhere !" Still it is curious that in order to find solution to the problems, "What is the place of mind ?" "What are the places of buddhi and Atman"—an Ayurvedist looks towards solving Shatchakra (षट्चक्र) and to Taittiriya Upanishad (तैत्तिरीय उपनिषद).

He ignored the authoritative Samhitas and he quoted verses for deciding the Satchakra wherein it is written simply that in this lotus, the mind resides. This too proves that the seat of the mind is the Hridaya but this sometimes during the active condition of the indriyas, resides in the Ajnachakra. To justify this idea, it is not necessary to decide Shatchakra. Charaka too writes, "मनःपुरःसराणि इन्द्रियाणि अर्थसंग्रहसमर्थानि भवन्ति ।"

"The indriyas realise sense-objects with the help of the mind going ahead." Manas or the mind has got to go ahead, in order to perceive objects with indriyas and consequently it has got to go to the mastishka or

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t he brain or the Ajnachakra. So it is seen also that a man has to leave his abode or go to the office or factory, to do his work. He is available in his offlce or factory. But the office or factory cannot be called his residence. Here too the mind (मनः) in order to make the indriya sense its object, leaves its abode, the heart and goes to the head or to the whole body. This is called the vritti (वृत्ति) or function of manas and indriya. In the cases of Jogins, it becomes necessary to stop the functions of the mind and the senses, to block the manas or the mind in the Hridaya and the prana and indriyas in the head. This has been mentioned in the Gita. The blocking of indriyas in the head means confining them to their centres and not allowing them to proceed to their gates. Charaka too has made mention of this idea thus. Happiness or sorrow results from the combination of Atman, indriya, mans and sense-objects (visayas). But if one gives up enjoying sense-objects, applies the mind on the soul (Atman) and fixes it there, he gets rid of both happiness and sorrow and brings both the body and the mind under control. This is called Joga of the sages knowing Joga. So it is said:

"आत्मेन्द्रियमनोऽर्थानां सन्निकर्षात् प्रवर्त्तते, सुखदुख-मनारम्भादात्मस्थे मनसिस्थिरे, निवर्त्तते तदुभयं विशत्वं चोपजायते, सशरीरस्य योगज्ञास्तं योगमृषयो विदुः"।

The above proves that Jogashastras too did not accept the brain as the seat of consciousness. The supposition of Sri Gananath Senji of the Brahmahridaya inside Ajnachakra in the brain, is simply the creation of himself and is not mentioned in any other shastra. It would have been more becoming, had he interpreted "heart" by the word हृत् (Hrit) instead of interpreting the brain as the brahma-hridaya. If for argument's sake, his theory is accepted and another Hridaya or brahma-hridaya or heart in the Ajnachakra of the brain is taken to be present, then the authenticity of Ayurveda comes to an end. For Charaka says "चेतनाधिष्ठानं हृदयमेकम्".

"There is only one heart, the seat of consciouusness". In Bhelasamhita, "हृदवमेकं चेतनायतनम". In Sushrut, it is written, तद् हृदयं विशेषेण चेतनास्थानम्. All of them call Hridaya as of the singular number. In the limbs of the Koshtha (कोष्ठ), it has been written as "वृक्कौ हृदयं" etc. which means that there are two वृक्कौ and one hridaya. In Sushrut, it is written that during the fourth month, all the limbs of the foetus become developed. When the foetal heart becomes developed, the चेतनाधातु or sensation becomes developed. Because the heart or हृदय is the seat of sensation. Consequently, the foetus desires to sense objects as of touch, form etc. during the fourth month. During that period, the pregnant woman is called दौहृदिनी as she possesses two hearts. Her longings during that time are called दौहृद. If these longings are not fulfilled, the child becomes deformed. This theory is accepted by all shastras. The pregnant Sita was exiled on the pretext of her दौहृद, so says the old poet Valmiki. Now just think over—if everybody, whether male or female, has got two hearts, why should the pregnant woman be called दौहृदिनी at all ?

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In Taittiriya Upanishad, it has been said, "य एष अन्तर्हृदय आकाशस्तस्मिन्नयं पुरुषो मनोमयः" This has been quoted by Kaviraji. It does not substantiate the approriateness of the term "Brahma-hridaya". On the other hand, it means that the manomaya purusha (मनोमय पुरुष) or soul with the mind resides in the empty space in the Hridaya. If two hridayas are accepted and the Ajnachakra, the internal hridaya, then the thoracic hridaya should be called the external hridaya. But the thoracic hridaya is not something hanging like a pocket outside. Had there been another heart or hridaya in the Ajnachakra as the seat of Jivatman, it would have been counted as सद्यः प्राणहर मर्म. The place of Jivatman would be destroyed and it would come out. How can it be possible because there is no सद्यःप्राणहरमर्म in Ajnachakra ?

Some scholars say that in Bhela-Samhita the head has been recognised as the seat of mans. So, that portion of Bhela-samhita is being quoted here :—

"शिरः स्नाव्वन्तरगतं सर्वेन्द्रियपरं मनः। तत्रस्थं तद्धि विषयानिन्द्रियाणां रसादिकान्। समीपस्थान विजानाति।

Here it has been clearly stated that the mind or manas after going to the head and inside the palate, senses juice and other sense-objects nearby. After that, it is written :—

"कारणं सर्ववुद्धिनां चित्तं हृदयसंस्थितम्। क्रियाणां चेतरासां चित्तं सर्वस्य कारणम्।"

"The source of all intelligence is Chitta, situated in Hridaya. It is also the cause all activities".

It is clear from the above that according to Bhela, Hridaya is the seat of manas when the mind is to sense form, juice etc. the objects of senses, it goes to the head and the inside of the palate. This also makes it clear that it is wholly incorrect to ascribe heart or हृदय to the Ajnachakra or to accept a second hridaya or heart as the seat of consciousness. In the wakeful state, the expansion of the Hridaya and in sleep its closure, are simply metaphors used. It is useless to seek a solution to this metaphor in the Ajna-chakra.

In the end, Sri Gananath Senji has written that the fleshy heart or hridaya cannot be the seat or Jivatman because it is impossible. But the pity of the matter is this :—Taking it for granted that the seat of Jivatman cannot be a fleshy organ, he has not taken pains to write a single word as to the locality or constitution of the place of Jivatman in the body, nor as to its particular differing traits from a fleshy seat. Besides, it is all the more to be regretted that in the particular portion of Taittiriya Upanishad which he has alluded to, it has been written clearly that the Atman with manas inhabits the vacant space in the Hridaya. Is it impossible for the Jivatman to reside in the vacant space in the fleshy organ ? If it is impossible then the quoted shruti becomes wrong.

Both Atman and manas are intangible or supersensual objects and cannot possess the attributes as rupa (रूप) etc., which are realisable by means of senses. They do not possess any particular place. For this reason, it is not impossible for them to reside in some fleshy organ. On the contrary, when we are to establish spiritual

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objects through the shruti which refers to the space in the Hridaya as the seat of Atman, we should accept it. His Holiness Srimat Shankaracharyya and other shastra-writers have admitted the fleshy Hridaya as the seat of Atman and not as in the head. If we argue along this line, we arrive at the conclusion that the statement of Sri Charakacharyyaji, "हृदयं चेतनाधिष्ठानमेकम्" "Hridaya is the only seat of sensation"—is the accepted theory of all the Ayurvedic savants. In other words, the Hridaya of the thoracic cavity which has been alluded to, as the हृत् which degenerated into हृद् and ultimately developed into the word "heart", is one single Hridaya, the seat of sensation, Atman, manas, buddhi, mano-vaha shrota and pranavaha dhamani etc. According to Ayurveda, though the brain (मस्तिष्क) has been called the place of prana and indriyas, it has not been mentioned anywhere as the seat of sensation, manas or buddhi. Simply for the purpose of sensing by means of indriyas, manas goes to the brain from the hridaya. This is the view of Ayurvedic scholars of old. But the brain (मस्तिष्क) has not been spoken of as the seat of sensation or buddhi. Since Hridaya is one and that in the thorax, the organ named hridaya cannot be in the brain or somewhere else.

Sri Kaviraj Gananath Senji recognises two hridayas and not more. But the learned writer of Ayurveda Dr. Sri Dhirendra Nath Banerjee has alluded to six hridayas and tried to prove that in Ayurveda, the word, "Hridaya" not only denotes six "Hridays" but six classes of Hridaya. Let us now scrutinise his theory.

In his view, (1) the heart is called हृदय (Hridaya) which Ayurveda accepts in one voice. We have shown that before. (2) The brain (मस्तिष्क) is called Hridaya. About this too, we have, after detailed discussion, shown that in Ayurveda, "mastiska" has never been called "Hridaya". But the learned doctor, on account of his preconceived western notions, concludes that in Ayurveda, manas, buddhi, Atma etc. which reside in hridaya, inhabit the mastiska or the brain. Guided by this prejudice he quotes the actions of Hridaya, to prove "mastiska" to be Hridaya. This effort of him is totally conflicting with Ayurveda and to preach this in the name of Ayurveda, is unbecoming. Because, while Charaka, Sushrut, Bagbhata, Bhela-Samhita etc. have all admitted one "Hridaya" as the seat of consciousness and its place to be in the thorax, it cannot be true to accept the brain as Hridaya in the name of Ayurveda.

None would have quarrelled with him, if he had simply been content with saying that many of the things and functions which are ascribed to Hridaya, modern science ascribes to the brain. But we resist his attempt at propagating western ideas in the name of Ayurveda. The word Hrit (हृत्) is also the synonym of manas because Hridaya is the seat of manas. For this reason, the attributes of the mind-manas are often ascribed to Hridaya and the epithet is transferred, just as we say, "when my mind is much occupied with thoughts", we call it, "my Hridaya is full

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of thoughts". Similarly, when the cricket team of India wins, India is said to win. In this manner, the sheltered thing is called or used for the shelter. But the use of the word Hridaya for manas or the word manas for Hridaya is not feasible in all places. So Hridaya and the mind are not synonymous. Had they been so, one might be used for the other, as in the case of तरु, शाखी and महीरुह to denote the tree. In a similar way, it is not said that the senses realise objects with the Hridaya ahead, in place of the current notion that the indriyas with the mind ahead realise the objects. This proves the contention that the seat of मन: manas is the Hridaya. Sometimes transference of epithets is done by considering the shelter and the sheltered as the same. But in reality, Hridaya and manas are different things.

(3) In Ayurveda, the lung (फुप्फुस) has nowhere been called Hridaya. Phupphusas are on the right and the left side of Hridaya. We have made it clear in course of our discussion on Hridaya of Sushrut Samhita. The fact is no doubt true that the Hridaya is in the thorax and so, sometimes by transference of epithets, the whole thorax is called Hridaya, as in the phrase हृदि प्राण. But by these transferred uses, it is not wise to fall into the fallacy of taking फुप्फुस as Hridaya. Hridaya is one. It is a सद्य:प्राणहर मर्म and if injured, man loses consciousness and even dies. In spite of these clear statements, how is it correct to call it Hridaya ? If the lung is injured, it is called उर:क्षत and does not cause immediate death, but if treated, or of itself it becomes healed up. Even if one lung is made inactive or excised, it does not cause death. Moreover, there is no direct relation of the manas, buddhi or Atman with the lung. So it is quite wrong to call the lung or फुप्फुस Hridaya.

(4) It is also not correct to say that there are two तल हृदय's in the two poems (Sushrut) and two panipad हृदय's in the two soles of legs (Charak). Here the compound words are made thus :—तलं हृदयमिव (palm as the हृदय), पाणौ हृदयमिव (in the hand as the हृदय), यदि हृदयमिव (in the leg as हृदय). In these words, Hridaya is Upaman (उपमान), and तलपाणि पाद are उपमेय's and साधारण धर्म (or common attribute) is fatality. The import or purpose of the उपासित संज्ञा is that death occurs due to the injury on the heart. In this manner, the injury to the तल हृदय leads to death not immediately but later on. If without understanding the import of the terms, one takes talahridaya to be hridaya, one may take men bearing names of Samar Sinha, Vikram Simha etc. to be lions. Tala-hridaya is a fleshy vital point—मांसमर्म. Hridaya is सिरामर्म. Tala-hridayas are four in number. Hridaya is one. Tala-hridaya is a vital point whose injury leads to death later on. Hridaya is one whose injury causes immediate death. तलहृदय has got no special relation to मन, बुद्धि and आत्मा. But हृदय is admitted to be the seat of them all. If the hand or the leg or the तल हृदय with them is cut off from the body, no serious harm results. But hridaya if separated causes death. But if in spite of these distinguishing characteristics, four Hridayas are claimed to

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exist in the hands and feet, Ayurvedists will never recognise them to be true. At the very outset of Sushrut-Samhita, it is cautioned that in order to understand the mystery of the shastras, one should dive into every line, every part of it and every word. If notwithstanding that, one makes the mistake of taking tala-hridaya as Hridaya, there is no help for it.

(5) Placenta—or मातृहृदय. What the moderners call placenta Ayurveda calls अपरा or अमरा and not मातृ हृदय. The testimony to it is in Sushrut where it is written that if after delivery, अपरा is not delivered, there occur tympanitis and stiffness of the abdomen. To remedy it, it is advised to rub the throat inside with the fingers entwined with hairs or to take the अपरा out with the oily hand carefully after cutting off nails. Regarding its origin, Sushrut says that during pregnancy, the foetus blocks the channels of the menstrual flow (आर्तव), stops it whose inferior form develops into अपरा and whose pure form goes to develop the breasts. These quotations too prove the wrongfulness of calling the placenta the मातृ हृदय. This fallacy is the offshoot of the prejudice born of western ideas of the learned doctor. The western idea is that the umbilical cord of the foetus carries pure blood from the placenta to the foetus and drains away impure blood to the placenta from the foetus. The placenta drains off carbondioxide through the blood from the impure blood, then leads it with necessary oxygen and sends it to the foetal body. Thus the conclusion is that the nutrition of the foetus is through the placenta and that there is no relation of the child to the heart of the mother. But with regard to the nutrition of the foetus, Sushrutji says :—

"मातुस्तु खलु रसवहायां नाड्यां गर्भनाभिनाडी प्रतिवद्धा, सास्यमसुराहाररस वीर्यमभिवहति, तेनोपस्नेहेनाप्यायमि-वृद्धिर्भवति ।"

"The umbilical cord of the foetus is attached to the Nadi or channel of rasa of the mother. That carries the essence of food-juice from the mother and by this lubrication, the child develops". Charakji says :

"नाभ्यां ह्यस्य नाड़ी प्रसक्ता, साऽस्य नाभ्यां चामरा, अमरा च्याऽस्य प्रसक्ता मातृहृदये । मातृहृदये ह्यस्य तामामरामत्रि संप्रवते सिराभिः स्नन्दमानाभिः । सह्य रसो वलवर्णकरः सम्पद्यते । स च सर्वरसवावाहारः स्त्रिया ह्यापन्नगर्भायास्त्रिधा रसः प्रतिपद्यते स्वशरीरपुष्टये स्तन्याय गर्भवृद्धये च । सच तेना-हारेणोपष्टब्धो वर्त्तयत्यन्तर्गतः ।"

To its umbilicus, is attached the channel or cord. Through it, it is attached to the placenta which again is attached to the mother's heart. The latter's heart again floods the placenta with oozing shiras. That oozing रस gives strength and colour to the child. This food-juice composed of different rasas (रस's) supplies nourishment to the pregnant mother in three ways :— (1) by developing the body of the mother, (2) developing the breast-milk and (3) the foetus. The foetus grows, by being nourished with this रस (rasa).

The above quotations make it abandantly clear that the food of the pregnant woman goes to make a रस which is of

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three kinds. Of these, the portion of rasa which supplies nutriment to the child and is called blood in modern terms, goes to the placenta through the arteries (shiras) from the heart of the mother, whence again through the umbilical cord, it goes to the whole body of the child. After giving nutritious materials, the रस (rasa) goes back again to the placenta through the umbilical cord. From the placenta, it goes back, it goes back to the maternal heart where again it receives nutritive materials and whence it is pumped out to the placenta and through it, to the fœtal body. This description is so clear, scientific, practical and reasonable that any one speaking the contrary, appears still to be groping in the dark. The placenta does not produce any nutritive materials by itself. So how can it supply nutritive substance to the child? For some time, the placenta causes exchange of gases but the ultimate exchange takes place in the heart through the lungs. For this reason, Sushrutji writes that the air inhaled by the mother is also inhaled by the fœtus. In other words, the exchange of gases in blood through respiration takes place in the maternal body, instead of in fœtal body. The modern scholars should note that the placenta which receives carbon dioxide and distributes oxygen, does not nourish the fœtus. For nutrition, the placenta has no stock of nutritive substances as carbohydrates, fat and protein. Besides these, for the purpose of nourishment and life of the fœtus, from the Ayurvedic stand-point another very essential thing named ojas is needed, which goes from the maternal heart to the fœtal heart. Modern science has not been able to ascertain its identity. But carbohydrates, proteins etc. are not available in the placenta. The connection of these things is with the mother's heart. If modern medicine denies this fact, let it see if the fœtus can survive the severance of the placenta from the heart. Another maxim of Ayurveda is that in the fourth month, the foetal heart is manifested. Since then, on account of the foetal past activities, they beget different longings. The heart being the site of manas, and the communication of the maternal heart with the foetal heart being through the rasa-channels, the longings of the child's mind are transferred to the mother's heart. Unless these are satisfied, they produce unhappiness in the foetal heart and lead to the deformity of limbs or even death of the child, for its senses remain then in a very delicate state. Charaka has described it in clear words :—

मातृजं चास्य हृदयं मातृहृदयेनाभिसंबद्धं रसवाहिनीभिः-संवाहिनीभिस्तस्मात् तयोस्ताभिः पूर्त्तिः सम्पद्यते, तच्चैव कारणमवेक्षमाणानदौहृदयं विमानितं गर्भमिच्छन्ति कर्त्तुम्। विमानेन हि अस्य दृश्यते विनाशो विकृतिर्वा।

Its heart which is made from mother's substance, is connected with the mother's heart through the rasa-channels. Both of them got nourishment through these channels. In view of this, the theory of two hearts is accepted.

Here the use of the word दृश्यते proves this theory to be a tested truth. This theory has been accepted by all from Valmiki down to all Indians. If the hridaya

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is taken to be the seat of manas and the connection of the maternal heart to the foetal heart accepted, this theory proves appropriate. If the idea of modern medicine is accepted, the connection of the foetal brain with that of the mother has to be accepted. But this connection cannot be proved, whereas the connection of the heart to the heart is an experimented truth.

It follows then that the word मातृ हृदय of Ayurveda means mother's heart and not the placenta.

(6) The xiphoid process has nowhere been called हृदय in Ayurveda. The tip of the sternum has not been described specially anywhere. It is not a very essential limb. In chronic malaria, it is enlarged along with the liver and spleen. It is also called वुक्क or अग्रमांस. It is a serious mistake to call it हृदय. If the Hridaya is injured, the patient gets immediate death. But even if वुक्क or अग्रमांस is excised, no harm takes place. Here the writer has been illusioned by the Amarakosha phrase—"वुक्काग्रमांस हृदयं हृत्". The commentator of Amarakosha had fallen into this fallacy first, but later recovered from it. The commentator was not an Ayurvedic specialist but still later he realised his mistake. But it is not becoming for an Ayurvedist to fall into such a fallacy and mislead others. In the commentary of "वुक्काग्रमांस हृदयं हृत् it has been written, वुक्केति चतुष्कं वुक इति ख्याते, meaning thereby that the four words beginning with वुक्क mean वुक. In Bengali, the word वक्षः degenerating becomes वुक. Further the commentator says : "वुक्कादि द्वयं (वुक्क or अग्रमांस Xiphoid process) वुक्केहृदयान्तरे (वुक्क meaning precordial or mediastinal region), हृदया दि द्वयं (हृदय हृत्) हृदयान्तर्गत पद्माकार मांस विशेषे मन्यते". Here it clearly states that the words वुक्क and अग्रमांस stand for the वुक्क of the precordial region and the words हृदय and हृत् stand for the lotus-like muscular organ in the हृदय or thoracic cavity. This interpretation seems quite appropriate. Otherwise the synonym of हृदय has nowhere been mentioned. It is rather impossible to state the synonym of वुक्क, instead of Hridaya an essential organ. Here it is to be noted that the words "हृदयान्तर्गत वुक्क and हृदयान्तर्ग lotus-like fleshy organ make it clear that the author wants to denote the thorax by the हृदय. In ordinary talk, when one speaks of weeping by heating the Hridaya with hands, it denotes the whole thorax. But in connection with what has been described as the most significant organ in Ayurveda, it would be committing a fallacy and making others do the same if one makes use of transferred epithet and interprets metaphoric हृदय as हृदय.

Thus the definite conclusions of Ayurveda are :—(1) There is one single हृदय in the human body. (2) That हृदय is the seat of consciousness. (3) It lies between the two nipples in the thoracic cavity. (4) It is the seat of सत्त्व, रजः and तमोगुण. (5) It reaches as far as the gastric opening. (6) Below it, there is the spleen on the left. On the right and left are the lungs, on the right below, are the liver and pancreas. (7) The channels that enter into and from it, are sometimes called dhamanis, sometimes shiras and sometimes shrotas. (8)

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Through these shrotas, रस blood, ojas, prana, vayu, pitta, kapha and the mind are propagated throughout the whole body. (9) So long as the Hridaya continues to reach these substances through in a regular manner, health is in order. (10) Those organs or limbs which do not get the supply of these substances, fail to get nourishment simply through blood. (11) The function of the brain which is so much prized by the modern scientists, gets deficient when the supply of these substances is defective. (12) The brain is no doubt in some sense the shelter of manas, buddhi and the senses in as much as they have got to go to the brain, to realise sense-objects. But the best seat of Jivatman, manas, buddhi and senses is the Hridaya. (13) The term हृदय is not only used in a transferred sense to denote different limbs of the body but also to mean a different individual, as for instance, "त्वमसि मे हृदयं द्वितीयम्" "You are my second heart". In fact, the connotation and denotation of the हृदय is the same as that of what the moderners call the "heart". The modern scientist ought to bear in mind that though he may pretend to be all-knowing, there are many things beyond his ken. The constituents of what the modern scientist calls "blood", the advanced science has not been able to know. It will be able to manufacture artificial blood on the day when it will get knowledge of them. Let alone the question of determining "blood" which Ayurveda calls by रस, रक्त ojas, prana and other different terms; it has not yet ascertained what things are there in the hairs and nails, the waste-products of the body, that are cut away. So how is it proper to judge the knowledge of another with one's limited knowledge, or to pass opinion on its basis? Therefore, we would humbly submit that the moderner should not call the conclusions of Ayurveda incorrect nor should put arbitrary interpretations on them.

Now the question arises: The fibres for vata upto the centres of the senses are visible to the naked eye, so that the sensation of objects may reach upto the centres of senses. But beyond them, there is no वातसूत्र upto the Hridaya. So how is its course upto the Hridaya possible? In reply to this, it may be said that there is no necessity of separate shrotas for the different doshas as vata etc. and such super-sensual objects as manas etc. Like vata etc. which permeate all shrotas, manas too penetrates all shrotas. The shiras and dhamanis attached to Hridaya are called मनोवह and ओजोवह.

Manas or मन: is a super-sensual object or thing. When it is not possible to visualise with the help of instruments, all disputes about its shrotas end. It is a naked truth that the brain ceases to work when blood is not pumped from the heart into the brain. Is it not possible for the mind to course along the route through which blood comes and goes?

The second question is: Charakji himself has said: "That in which prana of animals and all senses are situated and which is the best of all organs, is called the head or shiras. If one speaks of the

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head as the seat of prana and indriyas, and at the same time states that the limb consisting of six parts, senses, sense-objects, Atman with qualities, chetas, object of thinking are situated in the Hridaya, it appears self-contradictory. Of course, on a superficial view, it may appear contradictory but when one understands the motive behind the statement of the sage, no contradiction remains. The writer has said "प्राणाः श्रिताः तथा सर्वेन्द्रियाणि चै "In the head, the prana and all senses are situted. "The word श्रित is derived from श्रंग धातु meaning सेवा and taking shelter. But "हृदि संस्थितम्" manas "situated in the हृदय". The word संस्थित is deduced from स्थाधातु meaning total cessation of movement. The inner meaning is :—Just as a man goes to different places for attending to different duties but his movement ceases at his residence, in the same manner prana, indriyas etc. go to the brain to do their individual works. But their final cessation of movement takes place in the Hriday. The brain is its place of work or office. But its residence is ihe heart or Hridaya. The Ayurvedic Acharyya understood this secret and described it as such but the modern scientist realised or followed the nerve-fibres or वातसूत्र's upto the brain only and accepted it as the seat of consciousness, as he failed to understand the secret of super-sensual things as Atman, etc.

As soon as the modern scholar will realise these super-sensual things as Atman, manas etc., he will not stop at the brain but reach upto the heart or Hridaya.

In the end, it is our humble request that the long article written by us here for the elucidation of the Ayurvedic conclusions, may kindly be read with interest from beginning to end, approved or defects shown, if any.

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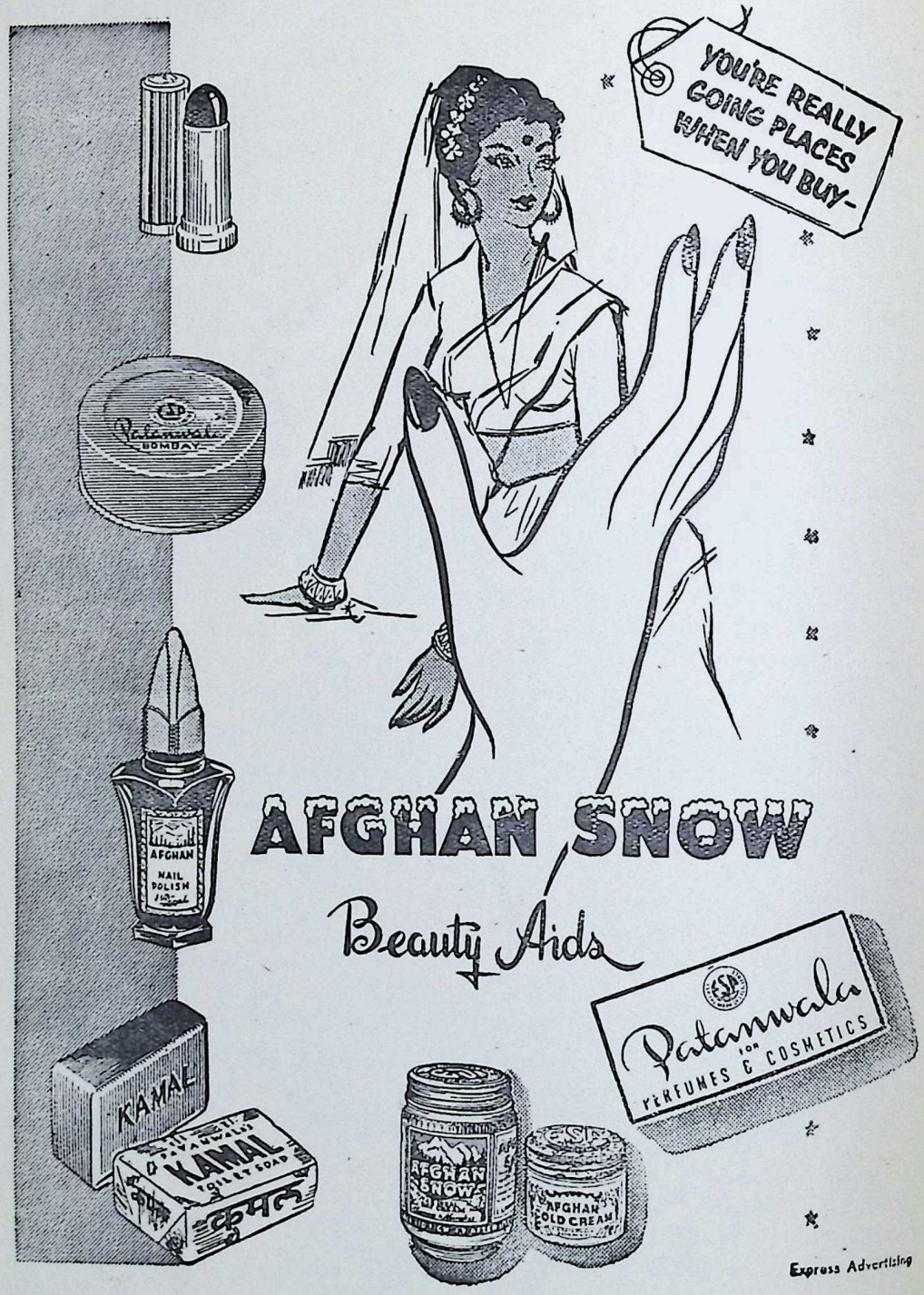

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News Angle

BOARD OF RESEARCH IN AYURVEDA

"WORK IN HAND AND WORK AWAITING . . . ."

I

The Board and Its Constitution

The Board of Research in Ayurveda, Bombay, was first constituted in 1951 as per Government Resolution, Local Self-Government and Public Health Department, No. 6238/33 dated 8th August, 1951 and subsequently reconstituted as per Government Resolution, Local Self-Government and Public Health Department No. ADR-1155 dated 29th September, 1955 and Governmet Resolution, Local Self-Government and Public Health Department No. ADR/1155/H, dated 30th July 1958. The Board consists of the following 9 members :

1. Vd. G. V. Puranik, Chairman.
2. Shri A. N. Namjoshi, M.Sc. (Chemistry), M.Sc. (Botany), Secretary.
3. Vd. N. H. Joshi, Ayurved-visharad.
4. Vd. R. N. Desai, Ayurvedacharya, Ayurvedalankar.
5. Vd. R. S. Dwivedi, Ayurvedacharya.
6. Vd. N. V. Joshi, B.A., Ayurvidya-visharad.
7. The Director of Ayurved, Bombay State, Bombay, (Ex-officio).
8. Vd. G. M. Vaidya, Ayurvedteerth.
9. Vd. V. B. Joshi, Ayurvedacharya.

The Board while its reconstitution was provided with an Advisory Committe, consisting of Vaidya-Bhusan Ganeshshastri Joshi, Rajvaidya Jivaram Kalidas Shastri and Vaidya Hari Datt Shastri, Director of Ayurved, Bombay, of which the last one has now been nominated an ex-officio member of the Board.

The Board has four sections for the convenience of work with two members being allotted to each section as follows :—

I. Section for Standardization of Ayurvedic Drugs

1. Vd. G. V. Puranik.
2. Shri A. N. Namjoshi, M.Sc. (Chemistry), M.Sc. (Botany).

II. Section for Ayurvedic Literary Research and Preparation of Ayurvedic Text-Books

3. Vd. N. H. Joshi, Ayurved-visharad.
4. Vd. R. N. Desai, Ayurvedacharya, Ayurvedalankar.

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III. Section for Ayurvedic Clinical Research

5. Vd. R. S. Dwivedi, Ayurveda-charya.
6. Vd, N. V. Joshi, B.A., Ayurvidya-visharad.

IV. Section for Research in Ayurvedic Regimen and Prevention of Diseases by Ayurvedic Methods

7. Vd. G. M. Vaidya, Ayurvedteerth.
8. Vd. V. B. Joshi, Ayurvedacharya.

The fourth section was added only recently. The Director of Ayurved is not attached to any particular section.

II

The Activities of the Board

A note on the activities of the Board in a section-wise manner explaining the different points in their proper context and sequence would be helpful in getting an idea of the working plan of the Board and its views on the subject of Ayurvedic Research in its different branches.

(I) Section for Standardization of Ayurvedic Drugs

The work of standardization of Ayurvedic Drugs has a twofold importance, one is the academic and the other as a pre-requisite for clinical research. Standardization of Drugs again has to be considered at three stages :

(i) standardization of the crude drugs (the raw drugs) ;

(ii) standardization of the process of manufacture ; and

(iii) standardization of the prepared or compound medicines.

The first work includes the removal of controversy about the identity of Ayurvedic herbs and drugs, their pharmacognosical study, laying down of their physical, chemical and in short, pharmacognosical specifications. The work has been first undertaken by this Section of the Board. The Board has its Research Laboratory Unit housed at the R. A. Podar Medical College, Worli, and has taken up the studies in the pharmacognosy of Ayurvedic drugs. So far, monographs on the following Ayurvedic drugs have been prepared.

Studies in the Pharmacognosy of Ayurvedic Drug Plants

List of Monographs

(i)	गुडूची	Tinospora cordifolia, Miers	—(Menispermaceae)
(ii)	वरुण	Crataeva religiosa, Forst	—(Capparidaceae)
(iii)	कर्कटश्रृंगी	Pistacia integerrima, Stew	—(Anacardiaceae)
(iv)	शरपुंखा	Tephrosia purpurea, Pers	—(Papilionaceae)
(v)	कुटज	Holarrhena antidysenterica, Wall	—(Apocynaceae)
(vi)	कण्टकारी	Solanum xanthocarpum, Schl.	—(Solanaceae)
(vii)	बृहती	Solanum indicum, L.	—(Solanaceae)
(viii)	अश्वगंधा	Withania somnifera, Dun.	—(Solanaceae)
(ix)	गम्भारी	Gmelina arborea, R.	—(Verbenaceae)

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The Section has undertaken the study of the following commonly used Ayurvedic drugs (and also their adulterants wherever they are known) with a view to evolve their, so to say, working standards which are of immediate use to the Vaidya in the selection and use of his drugs. It is expected that the same would be of considerable use in Ayurvedic Pharmacy to the individual Vaidya as also to the commercial Ayurvedic pharmacies who manufacture on a large scale.

(१) कुङ्कुमम् (केशर) (२) नागकेशरः
(३) कस्तूरी (४) जातीफलम्–जातिपत्री
(५) एला (६) त्वक् (दालचीनी)
(७) लवङ्गम् (८) शुण्ठी
(९) हरिद्रा (१०) कर्पूरः
(११) शिलाजतु (१२) नाडीहिङ्गु (डिकामाली)
(१३) रुमकुन्दरुः (रुमीमस्तकी (१४) हिङ्गु
(१५) मरिचकम् (१६) पिप्पली
(१७) कङ्कोलम् (१८) अहिफेनम्
(१९) भंगा (२०) वचा
(२१) मधुयष्टिः (२२) आकारकरभः
(२३) द्वीपान्तरवचा (चोपचीनी) (भावप्रकाशे)
(२४) घृतकरंजः (वाकेरी) (२५) आरग्वधः (अमलतास)
(२६) यवानी (अजवायन) (२७) निम्बूकम् (कागजी नींबू)
(२८) जम्बीरः (२९) मातुलुङ्गम् (बिजौरा)
(३०) गोरोचना (३१) अम्बरम्
(३२) अगरुः (३३) यवक्षारः
(३४) स्वर्जिकाक्षारः (३५) तिलतैलम्
(३६) भूमिसुव्रतैलम् (मूंगफलीतैल) as adulterant
(३७) सर्षपतैलम् (३८) एरण्डतैलम्
(३९) नीलगिरितैलम् (४०) घृतम्
(४१) काम्पिल्लः

In this pursuit, the Board is trying to use all available modern appliances and techniques that could be applied with advantage. The chromatographic technique, for example, has been developed for this purpose with good success in case of certain drugs like Saffron, etc. The work is in progress.

Considering the huge bulk of work facing the Board and the resources at its disposal, it appears it would take a number of years to complete the work of evolving the working standards of all the Ayurvedic drugs. And the earlier the work is completed, the better it is for the other branches to progress. It is therefore felt that the work need be expanded considerably by making available to the Board larger grants for extending the same.

The Section is also conducting an Ayurvedic Pharmacy Unit. This unit is meant to cater Ayurvedic medicines to the Ayurvedic Clinical Research units working under the Board. Here, the raw drugs are first examined by the Vaidyas according to the Ayurvedic procedure, then by the Research Laboratory Unit and then subjected to a uniform process of manufacture strictly following the Patha selected, so as to result into a medicine of uniform constitution and quality. This is, so to say, an intermediary stage, before the standardization work is finalised and ensures that at the different Ayurvedic

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Clinical Research units working under the Board, medicines prepared from pre-examined Ayurvedic crude drugs, subjected to a uniform process of manufacture of and hence, possessing a uniform composition, are used.

The second stage of standardization viz. the standardization of the processes of manufacture has been started under a joint effort of the Research Laboratory Unit and the Ayurvedic Pharmacy Unit of the Board and the process of Shuddhi of Opium and Cannabis are in progress. Here also is a case for expansion of the work held up for want of greater funds.

The third stage of standardization is logically a later stage and should be taken up when the first two are fully on their way. Yet a beginning has been made in this direction also. For the present, some of the Asawas and Arishtas have been taken up for their investigation by a specialised chromatographic technique and the results have been found to be encouraging. There is scope for expansion of this branch of research in future, especially from the point of view of regulation of the manufacture and trade of Ayurvedic medicines on a commercial scale.

III

(III) Section for Ayurvedic Literary Research and for Preparation of Ayurvedic Text-Books

With a change-over from the old traditional method of teaching of Ayurveda, to the modern method of subject-wise teaching by experts and specialists of each subject in colleges, the necessity of text-books written in a subject-wise manner and giving all important information from the old authentic texts arranged in a logical sequence and intelligently explained, was very acutely felt. The Board, therefore, decided to publish Ayurvedic Text-Books on the following subjects :—

१. आयुर्वेददर्शनम्	Ayurveda Darshana.
२. आयुर्वेदीयशारीरम्	Ayurvedeeya Shareeram.
३. प्रत्यक्षरचनाशारीरम्	Pratyaksha Rachana Shareer.
४. दोषधातुमलविज्ञानम्	Dosha-Dhatu-Mal Vidnyana.
५. रसादिविज्ञानम्	Rasadi Vidnyan.
६. प्रतिद्रव्यविज्ञानम्	Pratidravya Vidnyana.
७. भेषजनिर्माणम्	Bheshaja Nirmana.
८. रसशास्त्रम्	Rasa-Shastra.
९. व्याधिविज्ञानम्	Vyadhividnyana.
१०. रोगपरीक्षा	Roga Pareeksha.
११. कायचिकित्सा	Kayachikitsa.
१२. रसायनवाजीकरणतन्त्रम्	Rasayana Vajikarana Tantram.

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१३. शल्यशालाक्यतन्त्रम्	Shalya-Shalakya Tantra.
१४. कौमारभृत्यम्	Koumar-Bhritya.
१५. स्त्रीरोगविज्ञानम्	Stree Roga Vidnyana.
१६. मनोरोगसहितमनोविज्ञानम्	Manovidnyana tatha Manasaroga.
१७. व्यवहारायुर्वेदः	Vyavaharayurved.
१८. आयुर्वेदेतिहासः	Ayurvedaka Itihasa.
१९. स्वस्थवृत्तम्	Swastha Vritta.
२०. अगदतन्त्रम्	Agadatantra.
२१. आयुर्वेदीययोगसङ्ग्रहः	Ayurvediya Yogasangraha (Ayurvediya Pharmacopoeia)

In addition, the Board has decided to publish the following books useful to Ayurvedic students :—

२२. आयुर्वेदीयशब्दकोषः Ayurvediya Shabdakosha.

२३. आयुर्वेदोपयोगि संस्कृतपाठ्यपुस्तकम् Ayurvedopayogi Sanskrit Pathyapustaka.

The previous Board had published three books (1) Ayurvediya Padarth-Vidnyanam, (2) Swastha-Vrittam—Vol. I & II. and (3) Ayurvediyam Shariram. Out of these the first and the third books have been recognised as text books for students undergoing courses of training under the Faculty of Ayurvedic and Unani Systems of Medicine, Bombay, and the Shuddha Ayurvedic Course Committee of the Government of Bombay. The second book has been recommended by the said two examining bodies as a reference book. The work of writing of Ayurvediya Shabda-Kosha has been entrusted to the Vaidic Samshodhan Mandal, Poona and the same is nearing completion. The press copy of this Ayurvedic Dictionary would be ready in about a year. The reconstituted Board, however, feels that in the second edition of these books some radical changes are necessary and attempts are being made towards this end. The Board has prepared its own outlines for the proposed 23 books and has published its intention to get these books written in a subject-wise manner by Ayurvedic scholars and invited applications for the same.

From among the eminent scholars of Ayurveda all over India, the Board has selected some competent Vaidyas who have been requested to prepare their specimen chapters of their respective subjects and submit them to the Board. On approval of these specimen chapters the work of writing of the whole book, as per plan of the Board and in a manner in which the Board wants, would be entrusted to the author or authors finally selected for each subject. Some of these authors have started writing the manuscripts and the Section is examining the same, chapter by chapter, and the work

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is in progress. With a view to make the books as comprehensive and useful as possible, the section is preparing contents for each book so as to cover up the subject matter for the respective book. The contents also give the major references from the Standard Ayurvedic texts.

These contents are then circulated among the teachers of the subject in the different Ayurvedic colleges as also examining bodies and prominent Ayurvedic scholars and their comments and suggestions are invited. The suggestions received from them are discussed and the contents finalised. The author is then requested to write the book so as to cover up the entire subject matter as decided above and prepare the book. This procedure ensures that each subject is thoroughly dealt with in the book and that benefit is taken of the accumulated experience of teaching the subject of the teachers as also of the scholars of Ayurveda.

The subject of writing of books is one which takes a longer initial time and considering the far-reaching influence, the text-books are going to have on the future Ayurvedic education, the Board has been taking every care to make them as comprehensive and useful as possible. It is expected that the Board would be able to bring forth a good number books for students by 1960.

The question of uniform Ayurvedic Terminology to be used in the books by the authors, and by the teachers and the taught, had been the chronic difficulty in the publication of Ayurvedic text-books all these years. The Board had therefore called a "Sharir-Samdnya-Parishad" of some of the prominent Ayurvedic scholars from all over India, specially to standardize the Sharir terminology and the same has taken decisions which would be of immense use in the writing of Ayurvedic Text-books.

Ayurvedic Literary Reference Unit

The Board of Research in Ayurveda has realised that research in every branch of Ayurveda is considerably delayed if not totally held up, due to the time taken in the collection of relevant references.

The sources of information for Ayurvedic Research are varied. They are scattered not only in the Ayurvedic books but in the Vedas, Samhitas, Puranas, Jyotish-Granthas, the Scriptures of Hindus, Bauddhas, and Jains, the Unani literature and in the scientific and literary works in Sanskrit, Pali, Ardha-Magadhi etc.

It becomes extremely difficult therefore for a single Ayurvedic scholar to go through all the voluminous literature. In fact, most of his time is consumed in searching out the references leading to his research and very little time is left out for him to pursue his main problem of research. This becomes ironically true especially when he is conducting clinical research or research in drugs or in dietetics etc. In the present times, the specialisation in scholarship has gone to such an extent that it is always found academically and economically desirable to allot the different works, connected with eash problem to

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different units of experts one complementary to the other, thus, under ideal conditions, for example, a scholar specialised in Clinical Research need focus his attention on the clinical work itself. He should be able to get all the references he wants, collected and supplied to him by a unit, specialised for collection of references only. He would then be able to work upon the reference material supplied to him in the shortest possible time and more efficiently and effectively. It is therefore desirable to establish an "Ayurvedic Literary Reference Unit" with the Board.

When a research worker individually takes to collection of references pertaining to his own subject, he has to go through all the 50 books, let us say, for example, just to pick out a page or two in each. While doing so, he might come across a thousand other important references not connected with his problem and he leaves them.

Another research worker goes through the same fifty books for example, for his own subject of research, leaving all the references unwanted for him. Thus, each research worker goes through a full ordeal of scanning the fifty books. If instead, the Ayurvedic Literary Reference Unit allots a book in turn to each of its staff members and prepares cards for references on each topic described therein, soon a card index of all the topics in all the books would get ready, which would save the wasteful labour of generations of specialised scholars and add to the actual output of research work on the principle of division of labour. The aforesaid card-index would be ever-growing and becoming wider, more mature and consequently more useful. This is the ultimate aim of the proposed unit.

The Board has submitted a scheme to the State Government for creation of this unit, which is to cost about Rs. 33,000/- per year on an average.

Considering the unfathomable literary resources in the Indian literature, there is sufficient work for this unit of the size proposed, for a period of some fifteen years at least. But this being a work of primary necessity and urgency, should be expedited in as short a time as possible by increasing the staff manifold so that by the end of five years, the whole work scheduled to be completed fifteen years hence would be ready. This means our ssholars and publications made by them would get the the benefit of the references so collected by the Unit in the first or second edition, which they would otherwise have perhaps in the fifth or sixth edition.

It is, therefore, necessary to liberally finance this scheme and implement the whole plan of fifteen years in the next five years. It is gratifying to note that the Government of Bombay has approved of the scheme and the Unit may be started in the very near future, though on a small scale.

IV

(III) Section for Ayurvedic Clinical Research

This Section has been entrusted with

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20 beds at each of the following Ayurvedic Clinical Research Units, viz :

1. Universal Health Institute, Bombay. (20 beds).
2. Season Hospital, Poona (20 beds).
3. Civil Hospital, Ahmedabad. (20 beds).

The Board has also established 10-bed Ayurvedic Clinical Research Units out of the grants it receives from the Government of India at the following Hospitals :

1. Hospitals of the Ayurvidya Prasarak Mandal, Sion.
2. Hospital of the Ayurved Seva Sangh, Nasik.
3. Shree Surat Ayurvedic Hospital, Surat.
4. Seth Sakharam Nemchand Ayurvedic Rugnalaya, Sholapur.
5. Tarachand Ramnath Ayurvedic Hospital, Poona.

One more unit is to be started soon.

The conducting of Ayurvedic Clinical Research Units at different places with different climatic and other peculiarities has also a significance from the Ayurvedic point of view which could be explained when sufficient comparative data would be available.

The goal of Ayurvedic Research laid down by the Board is to correctly understand and interpret the fundamental conceptions of Ayurveda through clinical means. In order to understand this it would be advantageous to study the Ayurvedic conceptions of the various factors in their logical sequence, which lead to a disease.

(i) According to Ayurveda the Panch Maha Bhutas (viz. पृथ्वी, अपू, तेजस्, वायु, आकाश), and Atma (आत्मा) go to constitute what is technically called Purusha (पुरुष) which is the abode of a disesea, subject of the study and object for the treatment :

अस्मिन् शास्त्रे पञ्चमहाभूतशरीरिसमवायः पुरुष इत्युच्यते। तस्मिन् क्रिया, सोऽधिष्ठानम्।

सु. सं. सू. स्था. अ. १/२०

(ii) According to Ayurveda the structure and functions of the body, their normal development or deterioration depend on the three Doshas (viz. वात, पित्त and कफ), the seven Dhatus (रस, रक्त, मांस, मेदस्, अस्थि, मज्जा, शुक्र), and the Malas (viz. मूत्र, पुरीष, स्वेद आदि). Hence they have been described as the root cause for a normal or abnormal growth or functton of the body in these terms :

दोषधातुमलमूलं हि शरीरम्

सु. सं. सू. स्था. अ. ६५/२

(iii) The Doshas (as also the Asthir Dhatus and the Malas) are supposed to be in constant circulation in the body through their paths of circulation called the Srotas which are of 4 types*

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* (१) स्रोतांसि खलु परिणाममापद्यमानानां धातूनामिवाहीनि भवन्त्ययनार्थेन।

च. सं. वि. स्था. अ. ५/३

(२) स्वधातुसमवर्णानि वृत्तस्थूलान्यणूनि च। स्रोतांसि दीर्घायताकृत्या प्रतानसदृशानि च।

च. सं. वि. स्था. अ. ५/२५

(३) स्रोतांसि, सिराः, धमन्यः, रसायन्यः, रसवाहिन्यः, नाड्यः, पन्थानः, मार्गाः शरीर-

(*Note contd. on page 735*)

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(iv) According to Ayurveda, excessive indulgence or denial of an individual to a particular type of diet or behaviour or mode of living and the abnormal seasonal variations bring about the preponderance or deficit of properties (Gunas) of the particular Doshas (according as they are similar or otherwise to the respective properties (Gunas of the Doshas) and abnormally imbalance them resulting in a stage called Dosha-Prakopa (दोषप्रकोप). The same holds good in the case of Dhatus too.

कालार्थकर्मणां योगो हीनमिथ्यातिमात्रकः ।
सम्यग्योगश्च विज्ञेयो रोगारोग्यैककारणम् ॥

अ. हृ. सू. स्था. अ. १/१९

(v) Due to the same reason the srotas also are deranged (स्रोतोवैगुण्यम्). However, the derangement of the Srotas may occur independent of the Dosha-Prakopa or as a consequence of the same.

आहारश्च विहारश्च यः स्याद् दोषगुणैः समः ।
धातुभिर्विगुणश्चापि स्रोतसां स प्रदूषकः ॥

च. सं. वि. स्था. अ. ५/२९

(vi) The abnormally imbalanced Doshas (प्रकुपितदोष), affect the Dushyas viz. the Dhatus and Malas and a stage called Doshas-Dushya Sammurchana (दोषदूष्यसम्मूर्च्छना) is set in.

(vii) The abnormally imbalanced Doshas and Dushyas (प्रकुपितदोष–विकृतदूष्याः) which are in circulation throughout the body through the different specific or general paths of circulation viz. Srotas, find their abode in that part of the body (अधिष्ठान) which is physiologically weak or defective, on account of local derangement of Srotas (स्रोतोवैगुण्यम्) and accumulate and subsequently become manifest by a group of symptoms—what is generally called Nija-Roga (निजरोग) or disease :

शारीरास्तु अन्नपानमूला वातपित्तकफशोणितसन्निपातवैषम्यनिमित्ताः ।

सु. सं. सू. स्था. अ. १/२३

एवं कुपिता दोषास्तांस्तान् शरीरदेशानागत्य तांस्तान् व्याधीन् जनयन्ति ।

सु. सं. सू. स्था. अ. २१/३२

व्यानेन रसधातुर्हि विक्षेपोचितकर्मणा ।
युगपत्सर्वतोऽजस्रं देहे विक्षिप्यते सदा ॥
क्षिप्यमाणः खवैगुण्यादूसः सज्जति यत्र सः ।
तस्मिन् विकारं कुरुते खे वर्षमिव तोयदः ॥

अ. हृ. शा. स्था. अ. ३/६८–६९

प्रतिरोगमिति क्रुद्धा रोगाधिष्ठानगामिनीः ।
रसायनीः प्रपद्याशु दोषा देहे विकुर्वते ॥

अ. हृ. नि. स्था. अ. १/२३

It would be clear from the above that a pathological condition resulting in a disease is produced only when the abnormal imbalance of Doshas is coupled with the deranged state of the Srotas each being a limiting factor.

(*Note contd. from Page 734*)

च्छिद्राणि संवृतासंवृतानि, स्थानानि, आशयाः, क्षयाः, निकेताश्चेति शरीरधात्ववकाशानां लक्ष्यालक्ष्याणां नामानि भवन्ति ।

च. सं. वि. स्था. अ. ५/१४

(४) स्रवणात् स्रोतांसि ।

च. सं. सू. स्था. अ. ३०/१२

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Thus the abnormal imbalance of Dosha (प्रकुपितदोष), affecting the Dushyas (viz. Dhatus and Malas) coupled with the derangement of Srotas—general or localised—in an organ, completes the picture of the causative factors of a disease according to Ayurveda.

(vi) The purpose of the Ayurvedic Clinical Research is to check up the units of the chain of causative factors of a disease and trace them back to the proportionate share of responsibility (Aumshamsh Kalpana) of individual Doshas as the ultimate primary cause of a disease.

Thus having got a correct insight into the causative factors of the disease, to select and give a treatment consisting of Shodhana and/or Shamana based on the consideration of Rasa, Guna, Virya, Vipak and Prabhav and to ascertain from the results thereof the correctness of the finer details of diagnosis is the main task before the Clinical research worker.

From the study of a number of cases of the different diseases in this manner it is proposed to verify and rationally understand the fundamentals of Ayurveda and to explain the same. It is also intended to systematise the Ayurvedic treatment on the basis of the above knowledge and results.

The subject for research selected by the Board is the accurate understanding and interpretation of the fundamental conceptions of Ayurveda by the study of clinical data collected purely on the basis of Ayurvedic diagnosis and treatment and also their interpretation in modern terminology, if possible, based on modern observations. This being the goal of research, the Board has decided to collect Ayurvedic Clinical Research data on hospitalised patients who are diagnosed and treated exclusively according Ayurvedic procedure. It is intended that the patients being diagnosed on the basis of the fundamental conceptions of Ayurveda, like Tridosha taking into account its Aumshamsha stage and then treated as indicated according to the Ayurvedic concepts, the data so collected would give a clear insight into the chain of causative factors according to the Ayurvedic conceptions, that results into the disease. Side by side, when the Research patient is under Ayurvedic diagnosis and strict Ayurvedic treatment, a systematic case record of the patient according to modern methods is kept, "behind the curtain", so as not to prejudice the Ayurvedic physicians in their diagnosis etc. After sufficient data has been collected in this manner and compiled, it would make a very useful material for study.

For this purpose, the Board has selected the following 13 diseases out of which patients are chosen for the Ayurvedic Clinical Research :—

1. Udar Roga (Vatodara, Pittodara, Kaphodara, Sannipatodara, Plihodara, Yakridudara, Jalodara).

   उदरम् (वातपित्तकफसन्निपातोदराणि प्लीहयकृज्जलोदराणि च)

2. Shotha (Vataja Shotha, Pittaja,

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Shotha, Kaphaja Shotha, Sannipataja Shotha).
शोथः (वातपित्तकफसन्निपातजाः चत्वारः)

3. Aam Vat.
आमवातः

4. Asthi-Majjagata-Vata.
अस्थिमज्जागतवातः

5. Sandhi-gat-vata.
सन्धिगतो वातः

6. Jwara (Ekdoshaja, Dwidoshaja, Sannipataja, Visham-Jwara, Santatajwara).
ज्वरः (एकदोषजद्विदोषजसन्निपातजाः सन्ततज्वरः विषमज्वरश्च)

7. Atisara.
अतीसार

8. Pravahika.
प्रवाहिका

9. Grahani Roga.
ग्रहणी

10. Shwasa Roga.
श्वासः

11. Amlapitta.
अम्लपित्तम्

12. Shoola (Annadravashool, Parinamshool, Hrudayashool, Parshwashool).
शूलः (अन्नद्रवशूलः, परिणामशूलः, हृच्छूलः, पार्श्वशूलः, इति चत्वारस्तद्भेदाः)

13. Kamala (Ruddhapathakamala, Koshtashakhashritkamala, Kumbhakamala).
कामला (रुद्धपथकामला, कोष्ठशाखाश्रितकामला, कुम्भकामला इति तिस्रः कामलाः)

This has been done with a view to give maximum choice of diseases to the Research units and to ensure the availability of patients for Clinical Research. However, in actual practice, each Ayurvedic Clinical Research Unit selects some two or three diseases of its specialisation out of the above ones and attends to them intensively.

With a view to maintain uniformity in diagnosis, recording of symptoms, progress and treatment of the patients, the Board has prepared the following forms and literature which are uniformly used at all the Ayurvedic Clinical Research units under the Board :—

1. Rugna-Patraka (Ayurvedic).
आयुर्वेदीयरुग्णपत्रकम्

2. Dainik Lakshana Sarani for all the 13 diseases.
त्रयोदशरोगलक्षणसारण्यः

3. Dosha-Dhatu-Mala Lakshan Sarani.
दोषधातुमललक्षणसारण्यः

4. Rugna Santapadi Patraka.
रुग्णसन्तापादिबोधकपत्रम्

5. Clinical Research Methodology.
चिकित्सान्वेषणपद्धतिबोधकं विवरणपत्रकम

6. Rogopakrama-Vivarana-Patraka.
रोगोपक्रमविवरणपत्रकम्

7. Case-Record (Modern).
पाश्चात्यवैद्यकीयरुग्णपत्रकम्

Recently, a growing tendency is being experienced among the new graduates in particular to take recourse to drug-wise study and lose sight of the disease-wise aspect of the same; whereas the whole emphasis of Ayurved has been on the disease-wise study and understanding of the subject. On the other hand, the students' difficulty has been that they do not get adequate training in the said manner nor are they provided with facilities for a disease-wise study of each case

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in some of the teaching institutions. The work undertaken by the Board in this field would go a long way in removing the difficulty of the students and graduates of Ayurveda.

It should, however, be made clear that the Board does not under-estimate the importance of drug-wise research. This method has its own scope of work and would make its own contribution to human knowledge. But so far as the immediate necessity of the Ayurvedists for the proper understanding and proper teaching of Ayurveda, and for the general advancement of Ayurveda is concerned, primary place has to be given to the disease-wise research and next to the drug-wise one.

The Board is aware of the importance of drug-wise research in Ayurveda and has already moved in this matter and proposes to start a unit or two for drug-wise clinical Research as soon as necessary funds become available.

V

(IV) Section for Research in the Ayurvedic Regimen And Prevention of Diseases by Ayurvedic methods

This Section has been only recently added to the Board and proposes to undertake investigation in Ayurvedic Regimen including, for example, the subjects of dietetics, the balanced diet according to Ayurveda, its relation with the constitution of individuals, the effects of certain diets on the constitution of individuals, the conceptions of metabolism of different diets according to Ayurveda, the study of Dinacharya and Rutucharya ; its importance in maintenance of public health ; the epidemic diseases and their prevention by Ayurvedic methods and so on.

This Section also proposes to take up the study of Prakriti Vinischaya, for which a detailed scheme called "Research on Prakriti Vinischaya or Swasthya Pariksha" has been submitted to Government and indicated at the end.

The Board also proposes to publish booklets of some 25-30 pages each written in simple popular language for the masses including the school-going children on subjects of public interest like Ayurvedic conception of diet, Ayurvedic hygiene, Ayurvedic conception of diseases and how to prevent them, the Ayurvedic Regimen according to individual constitution, the common ailments and their treatment, constipation and its cure by Ayurvedic methods according to individual constitution and so on. These books could be translated and published in the languages of the State and if Centrally aided, into other languages required by them, and freely distributed among the masses and the schools. This spread of Ayurvedic ideas and thoughts in the masses and their inculcation in the younger minds would go a long way in removing the prejudices about Ayurveda in the educated class of the public and help in creating an atmosphere congenial for the progress of Ayurveda in all its aspects. This work has also been entrusted to this section.

A booklet giving the general outline of Ayurvedic research, entitled "The

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Ayurvedic Research—a Blue-print" was written by Shri A. N. Namjoshi in 1955 and the same was adopted by the Board to lay down the general principles on which Ayurvedic Research be conducted.

VI

FUTURE PLANS

The Board has visualised great many fields for Ayurvedic research for future and has prepared and submitted schemes for the same.

(i) The Board has submitted a novel plan of construction of a 100-bed Ayurvedic Research Hospital at Nagpur, in which there going to be separate buildings for the Kapha Rugna Ward, the Pitta Rugna Ward and the Vata Rugna Ward constructed with the requirements of each in mind having its own plan of structural and environmental peculiarities.

(ii) The following are the schemes of research so far prepared by the board and submitted to the Government.

In the following pages is given a general idea of the different schemes.

Scheme No. 1. Establishment of an Ayurvedic Literary Refercnce Unit

This is a very important and urgent activity which the Board proposes to start as this is going to provide material for research to all the sections of the Board. The scheme originally submitted to Government was for 5 years, but actually, the

BOARD OF RESEARCH IN AYURVEDA, BOMBAY

A list of Research Scheme submitted by the Board of Research in Ayurveda to Government

Scheme No.	Subject of the Scheme	Period of the Scheme in years	Estimated expenditure for the period
1	Ayurvedic Literary Reference Unit	Five	1,64,008/-
2	Research on Prakriti Vinischaya or Swasthya Pariksha.	Five	2,66,292/-
3	Compilation of Ayurvedic Pharmacopœia of India.	Five	7,06,977/-
4	Drug-wise Ayurvedic Clinical Research on a few selected medicines with high therapeutic claims.	Three	2,60,118/-
5	Study of the Ayurvedic Regimen.	Five	4,77,540/-
6	Treatment of Insane by Ayurvedic methods.	Five	10,49,000/-
7	Prevention and cure of epidemic diseases by Ayurvedic methods.	Three	2,50,536/-
8	Study of secret remedies in possession of persons and their collection.	Five	5,60,000/-
9	Studies in Arista Lakshanas.	Two	30,344/-
10	Scheme for starting of an Ayurvedic Drug-Farm and Pharmacy.	Seven	15,64,220/-
11	Scheme for expension of Shuddha Ayurvedic Clinical Research.	Five	7,81,440/-
12	Collection of data for Prakriti Vinischaya.	Two	25.520/-
13	Scheme of Pharmacy Storage of Ayurvedic Herbs and Drugs.	Five	61,900/-

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work is so voluminous that it would at least require some 15 years for its completion and that is too long a period to withhold and other activities of Research or to carry them on with insufficient literary reference material in hand. It is therefore proposed to expand the scheme by increasing its staff threefold, so that it could be made possible to complete this work of initial importance and immediate necessity within the next five years.

The propriety of the scheme and expense of its work have been dealt with on a previous page.

Scheme No. 2. "Scheme of Research on Prakriti Vinischaya or Swastha Pariksha"

The set imbalance of the Dosha affecting the Dhatus and Malas and consequently the various physiological process and psychological manifestations, may explain what is meant by the constitution of an individual according to Ayurveda. The constitution of an individual is a patent fact. Under normal modes of life and environment it does not change but could be influenced to some extent. According to Ayurved, it is the constitution of a man that decides the picture of his health in its fullness.

The study of the constitution of an individual therefore is the study of one's health condition. Such a study made according to Ayurveda deserves paramount importance, because a thorough study of the same has great potentialities to give an insight into the man's condition of health and causes of his diseases.

As stated above, the constitution of an individual is a set fact. It cannot be totally altered but considerably influenced and mitigated if the causative factors are clearly understood in their correct perspective and adequately met by suitably adjusting the diet, mode of living and by drug treatment. The object of Swastha-Pariksha to its minutest details possible, is to get a thorough insight into the contributional causative factors which are responsible for a particular set-up of the body, mind and metabolic processes which result into several of his likes and dislikes, his particular mode of life, temperament and into certain conditions of diseases and his susceptibility to several environmental factors and conditions. This knowledge would enable us to make his life more joyful for him and more useful to the society in the following manner.

After a thorough study of his constitution according to Ayurveda to the Aumshamsha stage and after establishing the inter-relation between the factors responsible for its making and their manifestation, it should be possible to give him advice on his mode of life, prescribe him the type of diet suitable for his constitution, the medicines for his ailments if he has any, and several tips on what to do and what not to do, day in and day out and during the different season. The advice card given to him would also give him an idea about the diseases he is likely to contract if he disregards the same. Thus the individual, society and Government would derive considerable benefits

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if the condition of health of every member of the society is examined according to Ayurvedic conceptions and a standing advice given to him.

The Board has therefore prepared a pilot scheme for the study of the constitution of individuals on the basis of which the utility of the same could be statistically and practically proved. The scheme is proposed to be run for a period of five years in the first instance and if found useful, could be copied and repeated at different centres so as to give its benefit to all the regions of the State and to the members of the different strata of the society.

Scheme No. 3. "Scheme of compilation of Ayurvedic Pharmacopoeia of India"

The work of compilation of Ayurvedic pharmacopœia for the country is long due. Because of the enormousness of the work, the intricacy involved in carrying it out and the authoritative background required for doing the same, it has been felt that no individual institution could undertake such a gigantic work. It is also obvious that such responsible work should be undertaken preferably by the Central or the State Governments or by mutual co-operation between the Centre and the States.

The Board has proposed a scheme for the compilation of the Ayurvedic Pharmacopœia of India, wherein the formation of a "Committee for Ayurvedic Pharmacopœia of India" has been suggested. According to the suggestion of the Board, it would consist of the members of the Board and 35 Hon. Advisers drawn from the 14 States (generally 2 from each State and 7 nominated by Government), and an Ayurvedic Pharmacopœia Officer, (a paid officer under the scheme). The 35 Hon. Advisers will have to devote a couple of hours every day in thinking of the subject and correspondence and would be paid an Honorarium of Rs. 150/- p.m. They would be invited to meet about once or twice a year. The Ayurvedic Pharmacopœia officer would be a paid officer and would conduct the whole work in consultation with the members of the Board who would be meeting more freequently to decide as to which matters be referred for advice to the Hon. Advisers and to discuss the non-controversial issues, take stock of work done by the unit and plan further work.

The scheme is to extend over a period of 5 years, at the end of which period, the Press copy of the First Ayurvedic Pharmacopœia of India would be ready.

Scheme No. 4. The Scheme of Drug-wise Ayurvedic Clinical Research on a few selected medicines with high therapeutic claims

A glance at the various Ayurvedic texts describing the therapeutic properties of different Ayurvedic medicines would create an enormous curiosity in the mind of the reader especially when some of the authetic authors also indulge in making tall therapeutic claims about certain Ayurvedic medicines. It is therefore proposed that the Board should undertake to verify a few

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of such claims of the authentic Ayurvedic writers and authorities in their well-known Ayurvedic books. For this purpose, it is not necessary to keep a big standing establishment of in-door clinical Units of our own. What is suggested is that the Board would select out, say, some five very potent medicines with high therapeutic claims. The Board would prepare these medicines strictly according to the authentic recipes (Pathas) and keep them available in suitable packings for therapeutic trials. The Board would then prepare therapeutic notes on each medicine giving the Shastric background of each preparation, the claim in original as regards their therapeutic properties, and describing clearly in Ayurvedic terminology the conditions under which each medicine is to be tried. With this much ready literature and the authentically prepared medicines available in suitable packings for administration. the Board would prepare sets of forms for entering clinical information about the patient and prescribing the diet to be given to such patients wherever necessary.

The Board would then publicise to all the Ayurvedic Hospitals where in-patient departments exist that they propose to verify the therapeutic properties of the particular five medicines which are supplied in their authentic forms, free of charge, and which are to be prescribed under specific conditions laid down by the Board The detailed clinical records as required under the Board's forms will have to be maintained by the Hospital. The Board will invite Ayurvedic Hospitals to cooperate in its efforts by undertaking the treatment as and when suitable patients for administration of each of these five medicines are admitted in their respective Hospitals. Each Hospital will requisition the quantity of medicine for Clinical trials and treat the patients *strictly* according to the instructions of the Board. A "behind the curtain" modern record of each case under study would also be maintained. The complete record of the patients duly certified by the Pradhan Chikitsaka of the Hospital and other local consultants if any would be forwarded to the Board after discharging of each patient or after completion of each case. The patient will be given diet and treatment according to the instructions laid down by the Board. The particular Hospital maintaining the proper record and undertaking to co-operate with the Board in its drug-wise research would be paid a token lump sum of Rs. 20/- per patient to meet its expenses of special diet and supervision charges of experts. The Board will have to maintain a small staff constituting a unit for co-ordination and compilation of the records and results received from the different research centres under the scheme.

The scheme is intended to go over a period of three years, at the end of which it is expected that the Board would have tried clinically the therapeutic claims of some 15 to 20 potent Ayurvedic medicines and thereby added to the armoury of of potent medicines of Ayurveda known to the world.

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Scheme No. 5. "Scheme for the Study of the Ayurvedic Regimen"

The subject of Dietetics seems to have been monopolised for research by the modern scientists and medical men. Most of the conceptions of dietetics today are unfortunately one-sided inasmuch as they look upon food as a source of energy and conductor of body metabolism. From the Ayurvedic point of view, diet is much more than this and the Ayurvedic ideals about diet are so profoundly deep-seated and fundamental that it needs a thorough investigation of the principles of dietetics underlying the Ayurvedic conceptions about diet. Further, in Ayurveda the consideration of diet is coupled with that of mode of living also.

The Board has, therefore, proposed a comprehensive scheme for the study of the Ayurvedic Regimen from a research point of view. This scheme is intended to extend over a period of five years, during which period an intensive study of the Ayurvedic Regimen would be completed and very interesting data made available for further consideration of the subject and certain Ayurvedic conceptions about diet verified.

Scheme No. 6. "Scheme for treatment of Insane by Ayurvedic Methods"

Ayurveda has described at length the treatment to be given to persons suffering from mental dlseases—both physical as also drug treatment.

The Board has proposed a scheme of utilising the opportunities for the study of the insane avilable at the Lunatic Asylums at Thana and Yerwada (Poona), where each lunatic patient would be studied and diagnosed from the Ayurvedic point of view and some special Ayurvedic treatment would be administered and the effects of the same recorded. For this purpose, two small research units will have to be established, one at Bombay and the other at Poona. The scheme is to run over a period of five years at the end of which period, a thorough study of the different classes of lunatics on the Ayurvedic basis and their specific treatments would have been investigated.

Scheme No. 7. "Scheme of prevention and cure of epidemic diseases by Ayurvedic Methods"

Ayurveda has its own approach for prevention of epidemic diseases and for their cure. The Board has made some efforts in this direction during the last epidemic of Vat-Kapha-Jwara (Influenza) and the same was found to be very effective.

The Ayurvedic approach to the problem of prevention of epidemics and their cure deserves a thorough study. With this aim in view, the Board has proposed to take advantage of the existing hospitals for the treatment of epidemic diseases and study such cases and give them Ayurvedic treatment and observe the improvements thereon. The scheme, in the first instance, is to go for a period of three years, during which time, sufficient data on the treatment of epidemic diseases would be in hand to tackle any emer-

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gency due to the break of any common epidemic.

Scheme No. 8. "Study of Secret remedies in possession of Persons and their collections"

Right from a villager to the research workers, everybody has come to know at one time or the other that certain persons possess charmful remedies, which work miraculously on certain specific ailments. Most of them have heard about it, some of them have even experienced the same. In the interest of the country, it is necessary to declare publicly that Government is interested in procuring such information about secret remedies under certain protection and with certain benefits to the possessors of the same.

The Board has proposed the above scheme to invite their secret information about potent specific drugs and also to procure information wherever possible and to verify the same. The scheme is to run over a period of five years and is expected to reveal some 50 potent and secret medicines and remedies for the diseases for which we are handicapped today.

Scheme No. 9. "The scheme of Research of studies of Arista Lakshanas"

While studying the progress of in-patients in any Hospiral, it has been the experience of all clinicians that at one stage or the other they begin to feel—may be on account of the clinical picture before them or on account of the reactions of the patients to the treatment or it may be due to intuition of their own development, that the prognosis of the patient are bad—bad enough for him to die. The pioneers of Ayurveda, after the study of a number of such cases, have tried to generalise through observations, and they have set forth certain principles embodying a study of signs and symptoms of the patients which go to indicate that the prognosis of the patients are immediately worse. They are known as "Arista Lakshanas" in Ayurveda.

The Board desires that this particular thesis should be verified with clinical data and thoroughly probed into.

The Board has therefore submitted a scheme for making an exhaustive study of Arista Lakshanas of the patients in the different hospitals in the State of Bombay. The scheme is to go over a period of two years in the first instance and thus procure a very useful and interesting data on this very important subject.

Scheme No. 10. "Scheme for Ayurvedic Drug-Farm and Pharmacy"

The Board has proposed a scheme for the establishment of an Ayurvedic Drug-Farm and Pharmacy with a view to provide genuine and pre-identified fresh as well as dried and preserved Ayurvedic Drug-plants and plant-parts, to the various Research centres, Ayurvedic Institutions including Hospitals, Vaidyas, research workers in other fields and also to the Ayurvedic Pharmacies if the stocks permit.

The Ayurvedic Pharmacy will be complimentary part of the Ayurvedic Drug-Farm and would manufacture on a large

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scale the various Ayurvedic medicines by uniform and standard Shastric procedure. Thus, starting with genuine raw drugs and processing strictly in the authentic manner, it would manufacture most dependable and genuine medicines and cater for the Ayurvedic Clinical Research Centres, the Government Institutions, the Vaidyas who would like to use the medicines, and to research workers in other fields and to the public. This establishment would neither have an intention of profit making nor of commercial competition with the established Ayurvedic Pharmacies.

The Drug-Farm would cultivate various herbs, shrubs and trees that are perennials and also have regular yearly or two-yearly farming of the annual and biennials so as to give a fresh crop every year or alternate year as the case may be. The Drug-Farm would also procure from other parts of the State especially through the Forest Department and import from other States a number of fresh and genuine raw drugs, examine them, test them pharmacognosically and on proper identification pack them under clean and hygienic conditions and effect supplies to the various indentors. It would exploit the vast drugs resources at present in the forests of India and also advise the Forest authorities for intensive cultivation of some of the most successful species and increase their output.

Similarly the Ayurvedic Pharmacy would use all available drugs produced by the Drug-Farm and manufacture standard and genuine Ayurvedic medicines and cater in a manner described above. The Pharmacy would serve as an example before the commercial Ayurvedic Pharmacies and would have a moral influence on them so as to generally improving the standard of Ayurvedic medicines, and thus the fear of the Ayurvedic Clinical Research work being vitiated due to undependable medicines would go.

It is estimated that after about 9 years, both the Drug-Farm as well as the Pharmacy would become self-supporting and and useful establishments of Government and may prove to be a source of revenue to Government. If this pilot effort is found to be successful the State Government as well as the Governments of other States and the Centre might develop this activity at different places and thus make a constructive contribution to the development of Ayurveda.

This is a scheme submitted by the Board to Government wherein it is intended to utilise some of the beds existing in the recognised Ayurvedic Hospitals and the recognised Ayurvedic Colleges of the State as also at the Government hospitals wherever they are available and utilise also the services of the staff teaching the clinical subjects in the hospitals so that thereby the clinical data will be collected and also, the educational standards of these institutions would get automatically raised. The scheme is to run over a period of five years, during which period, a considerable amount of clinical research data on the fundamental problems of clintcal research would be made available.

This is a scheme submitted by the Board to Government very much on the

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Nutritional requirements of children

Children, like adults, require food for strength and for replacing lost energy. In childhood, there is an additional demand for food to support growth. According to Shaffer many children do not get the right kind of diet owing to parents' lack of knowledge, economic restrictions or traditional eating habits.

Serious illnesses can be prevented by making sure that children get sufficient calories and a balanced diet—which means, of course, protein, fats, carbohydrates, vitamins and minerals in the right proportions.

Shaffer (1) would consider the diet satisfactorily balanced when the calories are derived approximately as follows:

15 per cent from protein, 60 per cent from carbohydrates and 25 per cent from fat.

According to Hansen (2), fats are important as a concentrated energy reserve, physical protection for blood vessels, nerves and organs; as insulation against changes in temperature; as a vehicle for absorbing vitamins (A, D, E and K). Fats also stimulate appetite, aid satiety by delaying the emptying time of the stomach and spare protein.

Among poor class children, especially in South India, dry and rough skin is common. The condition is usually attributed to vitamin A deficiency; but the observations of Menon, Tulpule and Patwardhan (3) suggest that dietary deficiency of fat may have something to do with this abnormality.

At one time, ghee was the fat almost invariably used for cooking purposes. But today more and more people are cooking with oil, particularly with partially hydrogenated vegetable oils. Deuel (4) has shown that the hydrogenated oils used in margarine and vanaspati are as good as natural oils and butter fat in nutritive value and in aiding growth, fertility and lactation. Nhavi and Patwardhan (5) confirm this.

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Clearly, therefore, DALDA makes a valuable contribution to the middle class diet which so often lacks in such essential nutrients as fats and vitamins.

(1) Shaffer, Thomas E.—Nelson's Text-book of Pediatrics—Sixth Edn. Dec. 1954—p. 131-32
(2) Hansen, Arild E.—Nelson's Text-book of Pediatrics—Sixth Edn. Dec. 1954—p. 80
(3) Menon P.S., Tulpule P.G. and Patwardhan V.N.—Indian J. Med. Res. (1950) *38;* 173
(4) Deuel H.J.
(5) Nhavi N.G. and Patwardhan V.N.—Indian J. Med. Res. (1946) *34;* 49

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lines of scheme No. 2 for which an independent unit has been established. So far as this scheme is concerned, it has been proposed that the data required for the purpose of Prakriti Vinischaya could be collected from the scholarly Vaidyas out of their general practice on a nominal payment for the labour and postage etc., so that an extension of scheme No. 2, this scheme would be able to fetch further data for consideration of the subject.

The question of utilising the existing resources of Ayurvedic drugs scattered all over our country's forests has been engaging the mind of the Board and it has suggested a scheme to Government for establishing small depots for the collection, procuring, storage and distribution of Ayurvedic Herbs and Drugs in different regions, so as to exploit the existing forest resources and economically utilise them for the benefit of the country.

This scheme is proposed to go over a period of five years in the first instance and if the establishment of such depots is found to be useful and economic, the same could be further continued and their number increased.

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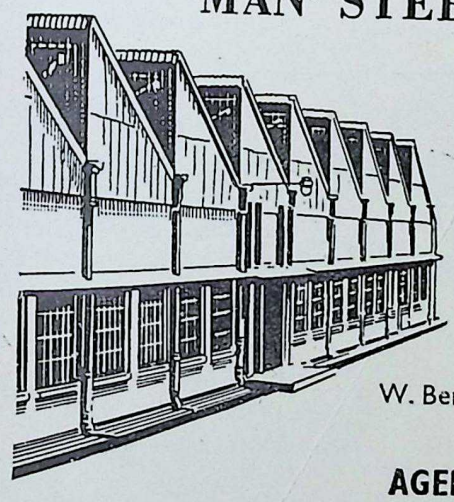

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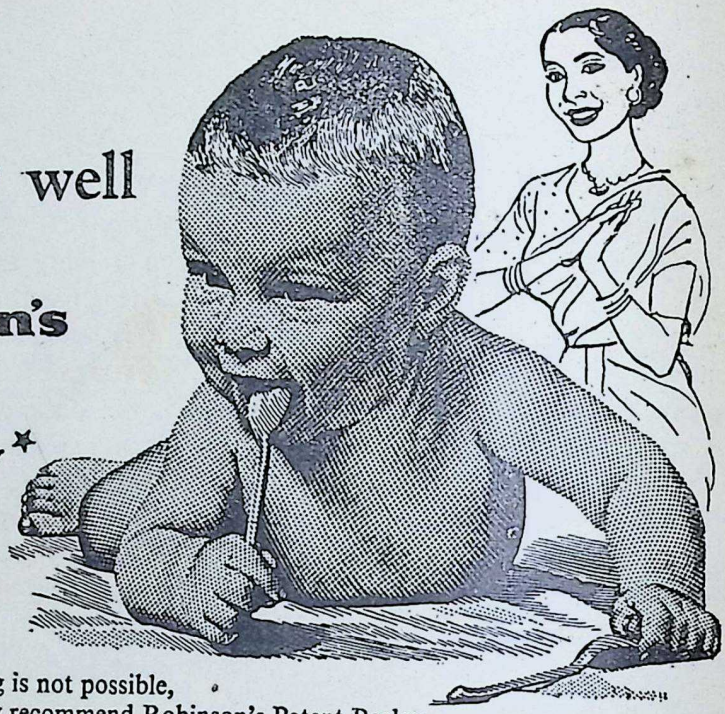

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सुखं समग्रं विज्ञाने विमले च प्रतिष्ठितम्"॥

CHARAK, SUTRA ० CH XXX

Editor :
Ayurved Kesari
Lakshmi Kant Pandeya,
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Head Office : NAGARJUN
58-D, New Alipore, Calcutta-33
Phone : 45-1092

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11. Shri Priyavrat Sharma, *M.A., Ayurvedacharya, Principal, Government Ayurvedic College, Patna.*
12. Rajvaidya Pranacharya Kaviraj
    Dr. Prabhakar Chatterjee, *M.A. (Cal), D.Sc. (J.A.U.), Calcutta.*

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Editorial

"परो भूतेष्वनुक्रोशस्तत्त्वज्ञाने परा दया।
येषां तेषामसद्वादनिग्रहे निरता मतिः"॥

CHARAK, SUTRA • CH XXX

"NAGARJUN" AYURVEDIC ENCYCLOPAEDIA

A distinguished contributor to our journal has written : ".....the beneficial lessons of the past should be kept alive so that they may be related to and bring their proven influence to bear upon the new lessons being learned today and to be learnt tomorrow. In this role, Ayurveda has an essential part to play....."

This statement assumes greater importance, coming as it does from the pen of a Western writer, who calls for relating ancient knowledge to modern requirements.

We have already given our readers details of the proposed Nagarjun Research Institute. Research is a vital component and to a large extent dependent on collection and collation in concise form of the basic works of the old masters of Ayurveda, Charak, Sushruta and Vagbhatta. We have the later commentators and research workers, headed by Nagarjun and Jivaka. These five have been further interpreted and there are perhaps thousands of commentaries on various fields of Ayurveda from Kaya-Chikitsa to Rasayana-shastra.

We have also modern works during the past fifty years, the major contributions being from Kaviraj Haran Chakravarty, Mahamahopadhyaya Gananath Sen, Kaviraj Gangadhar Roy, Jadhavjee Tricumjee Maharaj, Acharya Bhudev Mukherjee, Acharya P. C. Ray, and Dr. Girindranath Mukherjee, etc.

The works of the past and present are all in a scattered form, and "Nagarjun" has decided to publish a ten-volume Encyclopaedia, the first of its type ever attempted, to bring together all the past and modern works, suitably compiled, edited and interpreted to provide a clearer and more definite link between our ancient science of life and modern theory and practice.

Main features of our plans for the Ayurvedic Encyclopaedia are :

1. Each volume will be of 1,000 pages, "Nagarjun" size and published in English and Hindi.

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2. One thousand copies of each volume will be in English and another 1,000 in Hindi—that is, a total of 2,000 copies of each volume or a grand total of 20,000 copies of the entire set.

3. An "Encyclopaedia Committee", consisting of experts and representatives from the Central and participating State Governments will guide and supervise the preparation of the Encyclopaedia.

4. A "Working Committee"—split up into several groups of experts and contributing editors—will be actively associated with collection, collation, editing and interpreting of original and modern works. We are inviting a few distinguished Western scholars to be associated with the Encyclopaedia as Corresponding Contributing Editors.

5. The Encyclopaedia will be divided as follows :—(a) History of Ayurveda ; (b) Panch-Bhuta, Tridosh and Nadi Vigyan, Different aspects of the Art and Science of Ayurveda ; (c) Ayurvedic Materia Medica--Dravya Guna Vigyan-Part I—Vegetable Kingdom--Therapeutical values of different herbs, when combined together and their utility in different ailments ; (d) Ayurvedic Materia Medica--Dravya-Guna Vigyan-Part II—Mineral Kingdom ; (e) Ayurvedic Materia Medica--Dravya Guna Vigyan-Part III--Animal Kingdom ; (f) Kaya-Chikitsa (Medicine) ; (g) Shalya-Shalakya Tantra (Surgery, Ear, Nose and Throat Ailments and Management) ; (h) Kaumara Bhritya, Agada-Tantra and Bhuta Vidya (Mother and Child Welfare, Toxicology and Mental Diseases) ; (i) Rasayan and Vajeekarana (Gediatrics and Rejuvenation) ; (k) Bibliography--List of writers, their life-sketches and contributions ; List of Books so far published in Indian and foreign languages ; History of Ayurvedic Journals ; Commentaries on what Ayurveda can take from modern medicine and surgery and what modern medical science has already taken and can still take from Ayurveda.

In the first estimates published in earlier issues of Nagarjun, we had placed the cost of bringing out the Encyclopaedia over a five-year period at Rs. 7,50,000. For a variety of reasons, we have been compelled to raise this estimated figure to Rs. 10,00,000, i.e. Rs. 1,00,000 for each Volume. The increase is mainly to meet the high expenditure which will necessarily have to be incurred in getting original and rare manuscripts, many of which will have to be bought outright for our own Library and that of the Nagarjun Research Institute. Even with this increase in our expenditure outlay over five years, we feel the cost is not too much, compared to the results which will speak for themselves as we make progress in our plans.

The key Ministries--Planning, Education and Health of the Central

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Government have given their blessings to our venture and we are now only awaiting their formal sanction of the first ad hoc grant to go ahead with the project. We have also invited all State Governments to be actively associated with this monumental work and we are glad to say we have received extremely encouraging response.

Dr. Sampurnanand, U. P.'s venerable Chief Minister and champion of Ayurveda, has written to say : ".....The idea is good. I shall see what help we can really give. Kindly keep me posted with the progress of the scheme".

Sri E. M. S. Namboodiripad, Chief Minister of Kerala, has also promptly responded to our appeal. He says : "Please let me know when you get assurance from the Central and other state governments, so that, when we come to know about it, we may think of some small assistance....."

We have also received messages of good wishes from Sri K. M. Munshi, Kulapathi of Bharatiya Vidya Bhavan, Sri N. V. Gadgil, Governor of the Punjab, Dr. B. Ramkrishna Rao, Governor of Kerala, Sri Mohanlal Sukhadia, Chief Minister of Rajasthan and several other top-ranking people in the profession.

Sri Gadgil says : "I think this is a matter which should be encouraged and patronized by the Central Government. However, I have asked the Minister concerned to look into it".

Dr. Ramkrishna Rao : "I hope your request to the state government for giving financial assistance to the Ayurvedic Encyclopaedia which you propose to publish will receive sympathetic consideration".

Sri Sukhadia : "I welcome the idea of such a publication and am requesting my colleague, the Medical Minister, to examine the matter as to how the State Government can extend its cooperation to your proposed venture".

In addition to these personal messages, we have also received formal communications from almost all state governments that our proposal is receiving consideration of the departments concerned.

Private institutions have also come forward to assure us of their active support in our venture, but it would be unethical on our part to publish their names at this stage.

But, in our humble opinion, the main support or mainstay is the popular support and cooperation in the successful publication of the Encyclopaedia. The task is really of a very big magnitude, hitherto not attempted on such a large scale. Finance is, of course, the first primary consideration and in this aspect, we are confident that patrons of "Nagarjun" and lovers of Ayurveda will all pool their resources to ensure the success of our scheme.

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Equally important is the collection, collation and editing of original works and commentaries, past and present. In this task, we invite all research institutions and scholars, Universities, teaching Institutions, libraries and lovers of Ayurveda in general to give us their fullest cooperation by supplying us with originals or copies and commentaries, if possible, for incorporation in the Encyclopaedia. We also invite distinguished scholars to actively participate in the preparation of the Encyclopaedia by becoming Contributing Editors and join one of the working groups on the subject in which they have specialised.

Our final plans are in the making now and we hope that by August, we will form the Supervisory Committee as also the Working Groups.

In conclusion, it is worthwhile recalling the words of our Philospher-Statesman and our venerable Vice-President, Dr. S. Radhakrishnan, when your Editor met him recently in Delhi: "May God Bless You, May God Bless You, May God Bless You!" We seek the blessings of all for the success of our efforts to keep alive "the beneficial lessons of the past so that they may be related to and bring their proven influence to bear upon the new lessons being learned today and to be learnt tomorrow."

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NAGARJUN ANNUAL 1959

"Nagarjun" completes two years in August 1959 and as it enters the third year, schemes for two ambitious projects for a Research Institute and an Ayurvedic Encyclopædia are nearing completion. To assess the opinion and seek guidance from distinguished statesmen and scholars in the country we have invited about one hundred personalities to contribute special articles to the Annual Number. The list includes :

1	Dr. S. Radhakrishnan *Vice-President of India*	"Ayurveda Through the Centuries" *(Historical Perspective)*
2	Pandit Jawhar Lal Nehru *Prime Minister*	"Ayurvedic Principles & Modern Scientific Trends"
3	Sri Morarji Desai *Union Finance Minister*	"Ayurveda Today : Its Future Scope"
4	Sri G. L. Nanda *Union Labour Minister & Planning*	"Planning and Ayurveda"
5	Sri Jagjiwan Ram *Union Railways Minister*	"Economics of Ayurveda"
6	Sri S. K. Patil *Union Transport and Communications Minister*	"Revival of Ayurveda—an Imperative Need"
7	Sri Lal Bahadur Shastri *Union Commerce and Industry Minister*	"Research in Ayurveda and Pharmacology"
8	Sri V. K. Krishna Menon *Union Defence Minister*	"Ayurveda in our Armed Forces—then and now"
9	Pandit G. B. Pant *Union Home Minister*	"Can Ayurveda Meet Challenge of Modern Science ?"
10	Sri D. P. Karmarkar *Union Health Minister*	"Ayurveda in our Five Year Plans"
11	Sri Humayun Kabir *Union Minister for Scientific Research and Cultural Affairs*	"Is Ayurveda Scientific or Empirical—Historical Perspective"
12	Dr. B. V. Keskar *Union Information Minister*	"Ayurvedic Literature—Past and Present"

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13	Dr. K. L. Shrimali *Union Education Minister*	"Ayurvedic Education in India"
14	Sri K. D. Malaviya *Union Minister for Fuel and Mines*	"Ayurveda & National Health Programmes"
15	Sri Asoke Sen *Union Law Minister*	"Ayurvedic Principles of Medical Jurisprudence"
16	Sri Chintaman Deshmukh *Chairman, University Grants Commission*	"Ayurvedic Education in Indian Universities"
17	Sri V. K. B. Pillai *Secy., Union Health Ministry*	"Progress of Ayurvedic Educational and Research Programmes in India since Independence"
18	Lt. Col. Jaswant Singh, D. G. *Health Services, Govt. of India*	"Is evolution of one system of medicine in India covering Ayurveda and modern medicine possible ?" *(positive aspects)*
19	Dr. C. S. Patel *President, Indian Medical Council*	"Influence of Ayurveda on Allopathy"
20	Dr. C. G. Pandit *Indian Council of Medical Research*	"Comparative Study of Ayurveda and Allopathy in Diagnosis and Prognosis
21	Sri S. W. R. D. Bandaranaike *Prime Minister, Ceylon*	"Can Ayurveda Provide the Answer to Ailments of Nuclear Age ?"
22	Srimati Vimala Wijewardene *Ex-Health Minister, Ceylon*	"Ayurveda in Lanka—Past and Present"
23	Sri A. P. Jayasuriya, *Health Minister, Ceylon*	"Ayurveda in Lanka"
24	Sri B. P. Koirala *Prime Minister, Nepal*	"Ayurveda in Nepal—Past and Present—a Historical Perspective"
25	Dr. B. C. Roy *Chief Minister, West Bengal*	"Contribution of Ayurveda to recent Scientific Discoveries"
26	Dr. B. Ramakrishna Rao *Governor of Kerala*	"Ayurveda as National System and its Compulsory Introduction and Study"
27	Dr. Sampurnanand *Chief Minister, U. P.*	"Astrology and Astronomy in relation to Ayurveda"—its values in diagnosis and psychoanalysis
28	Sri Mohan Lal Sukhadia, *Chief Minister, Rajasthan*	"Ayurveda in Rajasthan"
29	Dr. A. B. Menon *Health Minister, Kerala*	"Co-existence of Ayurveda and Allopathy in Kerala" (positive aspects)
30	Sri E. M. S. Namboodripad *Chief Minister, Kerala*	"Economics of Ayurveda and its Utility in a Poor Country like India"

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31	Sri C. Rajagopalachari	"Ayurveda then and now—Historical Background"
32	Sri K. M. Munshi	"Ayurveda then and now—Historical Background"
33	Sir C. P. Ramaswamy Iyer	—do—
34	Sir A. Lakshmanaswamy Mudaliar *Vice-Chancellor, Madras University*	"Contribution of Ayurveda to Modern Gynaecology and Obstetrics"
35	Prof. Nilkanta Shastri	"Ayurveda Through the Centuries—Historical Perspective"
36	Dr. Radha Kumud Mukherjee	"Ayurveda through the Centuries—Historical Perspective"
37	Dr. Valluru Subba Rao	"Comparative study of Ethics in Ayurveda and Modern Medical Practice"
38	Prof. D. Rangacharyulu	"Malnutrition in Postwar India—Ayurvedic Approach"
39	Dr. Baldev Sharma	"Ayurvedic Approach to Family Planning"
40	Dr. C. Dwarkanath	"Contribution of Kaya-chikitsa to Modern Practice"
41	Sri N. N. Sircar	"Plant Pathology of Ayurveda"
42	Sri A. N. Namjoshi, *M.Sc.*	"Clinical Research in Ayurveda in Bombay State"
43	Sri G. V. Puranik	"Clinical Research in Ayurveda and Its Utility"
44	Dr. H. Ghosh, *M.B., M.S.P.E. (Paris)*	"Contribution of Ayurveda to Western Pharmacopoea"
45	Vaidya Ratna Pandit Shiv Sharma, Bombay, *Ex-President, All India Ayurvedic Congress*	"Asian Health Organization of Ayurveda—For guiding research, etc."
46	Colonel Sir R. N. Chopra, *Kt., C.I.E., M.D., Sc.D. (Cantab.), F.R.C.S. (Lond.), F.N.I., Regional Research Laboratory, Jammu and Kashmir*	"Ayurvedic Drugs and Laboratory Research"
47	Dr. B. Mukerji, *M.B., D.Sc. (Michigan), M.D., F.P.S., F.A.Ph.S., F.A.A.A.S. (America), F.I.C., M.S.Ph.S. (Switzerland), F.N.I., Director, Central Drug Research Institute, Lucknow*	"Does laboratory-cum-clinical research provide an insight into active elements of Plants and Herbs of Ayurvedic Pharmacopoea ?"
48	Dr. B. P. Neogy, *M.B., M.R.C.S. (Eng.), M.R.C.P. (Lond.), Calcutta*	"Ayurvedic Institutions—Teaching and Treatment—in Ancient India"
49	Dr. M. M. Desai, *M.D., F.C.P.S., F.R.F.P.S. (G), D.T.M.H. (Eng.), Bombay, Editor, Current Medical Practice*	"Principles of Charak as Applied to Modern Medicine"

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50	Dr. A. Lakshmipathi, *B.A., M.B.C.M., Bhisagaratna, Madras; President, Andhra Ayurvedic Board (Hyderabad)*	"Ayurvedic Gynaecology and Obstetrics" "Ante-Natal and Post-Natal care; Management of Natural and Abnormal Labour"
51	Dr. K. C. Parikh, Bombay, *Editor, Journal of Indian Medical Profession*	"Contribution of Ayurveda to Cardiac ailments"
52	Dr. U. B. Narayan Rao, Bombay, *Editor, Medical Digest*	"Ayurvedic Education in India—Past and Present"
53	Dr. P. M. Mehta, *M.D., M.S., F.C.P.S., F.I.C.S., Ex-Director, Central Institute of Research in Indigenous System of Medicine, Jamnagar*	"Clinical Evaluations of Ayurvedic Principles and Treatment"
54	Sri Priyavrat Sharma, *M.A., Ayurvedacharya, Principal, Government Ayurvedic College, Patna*	"One System, One Register and Equal Opportunity"
55	Rajvaidya Pranacharya Kaviraj Dr. Prabhakar Chatterjee, *M.A.(Cal), D.Sc. (J.A.U.), Calcutta*	"Ayurvedic Approach to Family Planning—positive and constructive aspects in checking population growth"
56	Sri Amal Kumar Chattopadhyay, *B.A. (Cal.), Department of History, Jadavpur University, Calcutta*	"Ayurvedic Institutions—Past and Present—Need for revival with full state patronage as national system"
57	Sri Ram Raksha Pathak, *Jamnagar*	"Research in Ayurveda"
58	Sri Vishwanath Gokhale, *Jamnagar*	"Herbs and Ayurveda"
59	Sri V. M. Dwivedi, *Jamnagar*	"Minerals in Ayurveda"
60	Sri Hanumat Prasad Shastri, *Jamnagar*	"Fundamentals of Kayachikitsa"
61	Sri Viswanath Dwivedi, *Jamnagar*	"Ayurvedic Materia Medica"
62	Sri Ganesh Duttji Saraswat, *Jamnagar*	"Diagnosis and Prognosis in Ayurveda"
63	Sri Girja Dayalu Shukla, *Jamnagar*	"Pathyam in Ayurvedic Treatment"
64	Dr. Raghubir Prasad Trivedi, *Jamnagar*	"Prakriti-Vikriti Aspects in Diagnosis and Management"
65	Dr. Dharmanand Kesharvani, *Jamnagar*	"Ayurveda's contribution to Management of Cardiac ailments"
66	Dr. N. R. Apte, *Poona*	"Pancha-Bhuta Theory and Diagnosis and Treatment"
67	Dr. K. N. Udupa, *Simla*	"Revival of Ayurveda—A Scientific Approach"
68	Sri R. Narasimhan, *Under-Secretary, Union Ministry of Health*	"Progress of Ayurveda in Independent India"
69	Sri K. K. Nambiar, *Trivandrum*	"Paediatrics of Jivaka"
70	Sri Ayurveda Siromani Diwakaran	"Thailadhara and Old Age Diseases"
71	Dr. M. Mallikarjuna Rao	"Research in Ayurveda"
72	Ayurvedacharrya Tejomoortula Gurunadham	"Ayurveda in Andhra Pradesh"
73	Dr. B. B. Bhatt, *Jamnagar*	"Ayurvedic Pharmacology"
74	Sri K. G. Gune, *Ahmednagar*	"Ayurvedic Pharmacopoeia"

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AYURVEDIC EDUCATION AND PROFESSION IN ANCIENT INDIA—V

Dr. Valluru Subba Rao

Development of Medicine (Kaya-Chikitsa)

The system of treatment by Daiva and Yukti Vyapasrayas was first developed in India probably thousands of years ago, at a time when the Indian civilization was at its height under the patronage of Indian rulers. The pride that the foundations of our knowledge are based on the researches of our ancestors gives us a creative genius. A country that has produced a philosopher and physician like Charakacharya and a surgeon like Sushruta, and a Kaumarabacchaya like Jivaka, at whose feet scores of foreign students sat for their cultural development, provides us ample scope for original researches. We learn that in the time of Asoka, the science of medicine was developed to a great extent.

"There was a state pharmacy where medicines were prepared. Marginal furrows between any two rows of crops were utilised for the plantation of fragrant plants, medical herbs and the like. Such medicinal herbs that grow in marshy lands were grown not only in grounds suitable for them but also in pots (Sthalyam)"—Kautilya's Artha Sastra, p. 145.

Village Physician : Old and New

In the pre-British days every village had at least one physician, and his prosperity, as of every other village official, depended upon the prosperity of his village and not upon the number of sick people treated by him in each month or year. He was responsible for the continued good health of the families that fell to his share, as his emoluments depended upon their satisfaction. But to-day, the physician does not so much look to people for his maintenance, as he is paid by some one else. The Doctor, who is really a servant of the people, poses now to be their master and that happy idea of being serviceable to his fellow-beings has disappeared. The Doctors know that prevention is better than cure ; but most

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of them either because they have no time to devote to the preventive part or because it does not pay them to do so, are criminally negligent to that part of the treatment which teaches people how to avoid so many diseases to which they are subjected in their daily life.

Propaganda work in Asoka's time

Our ancient kings educated the people to be religious, charitable and sympathetic. Asoka made it the business of his life to employ his power over a vast empire in the teaching, propagation and enforcement of the ethical system, which he called the Law of Piety or Duty. "He proclaimed these principles of rules, which might guide the people's conduct, in a series of edicts, more than thirty in number, engraved upon rocks, pillars, boulders and cave-walls. The edicts are devoted mainly to the exposition, inculcation and enforcement of a scheme of practical ethics or rules of conduct called 'Dharma'. The area covered by his inscriptions comprises nearly the whole of India, extending from the Himalayas to Mysore and from the Bay of Bengal to the Arabian sea. These inscriptions designed for public instruction were placed either in suitable positions on high roads or at frequented places of pilgrimage where their contents were ensured the greatest possible publicity. All these are written in various forms of Prakrit i.e. vernacular dialects. They were, therefore, obviously intended to be read and understood by the public generally and their existence presupposes a widely diffused knowledge of the art of writing."—(Vincent Smith.) The king enforced the ethical system by imposing heavy penalties on those who disobeyed the rules. We see a close similarity between the inscriptions laid by Asoka and the directions given by our ancient medical authors. They cared very much for healthy living, wholesome food, fresh air and pure water and rules were made to protect them. In Artha-Sastra we find that very severe punishments were inflicted for the infringement of the laws of cleanliness and hygiene.

Pillar Inscriptions and Edicts

There are references to a stone pillar at Pataliputra, said to have been inscribed by Nagarjuna, the famous physician, for treatment of eye diseases and prevention of cataract.

This is a prescription of a medicinal varti or stick for touching eyes, inscribed at Pataliputra, Asoka's capital. Its application along with the fresh juice of Lodhra is said to prevent the formation of cataract.

In his Kalinga edict Asoka says, "All men are my children and just as I desire for my children that they may enjoy every kind of prosperity and happiness in both this world and the next, so also I desire the same for all men. Everywhere has His Sacred and Gracious Majesty the King made two kinds of curative arrangements viz. curative arrangements for men and curative arrangements for beasts".

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The negligence of this system of Indian Medicine, which had spread throughout the nooks and corners of the country, brought degeneration in the health of the Indian people to-day.

Education in Ancient India

It may be mentioned that every kind of literature, not only medical books, contains information which is most suitable for the physical, mental and economic growth of the people. This literature is divided mainly into three classes—Dharma Sastras, Artha Sastras and Kama Sastras and it is enjoined on every one not to stick on to the study of one science, but to have a general knowledge of all the sciences.

"In ancient India there was an organised system of popular education. At seven years of age they passed on to the study of the five sastras or the sciences beginning with grammar. The second sastra was the science of arts and crafts, the third was the medical science, the fourth was logic and the fifth the principles of philosophy. All these departments of knowledge formed a system of general education for the early centuries sects. The Indian educationists of the early centuries seem to have devised a system of public instruction far superior to that of the present day". (E. B. Havell.).

Thus at the age of 12 years a student has sufficient theoretical and practical knowledge of the rules of hygiene and of domestic medicine, and he did not run to the physician for every little ailment.

Under Buddhism

"In the scheme of life of the Buddhist priest of 200 B. C. was included the assistace of the sick and the blind, the deformed ; there were hospitals for pregnant women, hospitals for travellers. Buddha-Das, we are told, established the system of State physicians, one being appointed for every ten villages on the great roads of India.

"Arboriculture and irrigation were carried out under State supervision. In the line of preventive medicine laws were passed regulating burial and sanitation, many modern regulations in the latter direction being ante-dated by centuries in the codes of the Buddhist kings. The royal households set an example to their subjects in the direction of their houses and gardens. Medicinal herbs were grown in pots and certain plants were grown that had the property of warding off snakes ; cats, peacocks, and other creatures were kept in compounds for the same purpose and parrots were encouraged on the grounds in that their shriek was a warning of the presence of snakes. And anti-adulteration laws were drawn upon lines of strictest severity and even carelessness on the part of a doctor was vigorously dealt with.

Animal Sanctuaries

"Under Buddhism veterinary science reached an enormously high level and infinite pains were taken for the care and treatment of the animal creation. Horses, elephants, cows, fishes, game birds, almost everything, had its veterinary

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surgeon ; the game-keeper, the superintendent of forests, the superintendent of horses, each became a high officer of the Buddhist State. "Under the government of Chandra Gupta (C. 316 B. C.), our modern system of bird and animal sanctuaries was forestalled and whole tracts were devoted to the preservation of birds, fishes, deer and other animals that did not apparently prey on life. Life within the Buddhist reserves was literally and absolutely sacrosanct. Regulation after regulation was laid down dealing with the minutest details of the proper rations to be given to different animals at different ages, in sickness and in health, and over their ailments was lavished a care which centuries later a European peasant might well have envied. All over India, at the height of the Buddhist wave, set up animal-hospitals managed for the most part by the State's own veterinary doctors. It was the apotheosis of the animal world. Centuries later we can still find traces of these animal-hospitals in various parts of India, and particularly amongst the Jains. This, then, was the state of medicine in India at one of its most glorious epochs".

Spread of Indian Medicine

Dealing with the marvellous spread of Indian medicine throughout the whole of the then known world, Capt. Johnston Saint said : "As long as the time of the thirty-seventh chapter of Genesis we find mention of the Ishraelite of Midianite merchants trading with their caravans of spices of India and balm and myrrh of Hadrmaut. Their traffic had its regular course towards Egypt and in this trade-route of the remotest antiquity we arrive at some connection between India and the West. The Phoenecians, we know, had in the Persian Gulf their forts for the Indian trade, while as early again as 1686 B. C. the Arabs, we are told, had opened out on the north-west of India, we have ample evidence that as long ago as 3000 B. C. there was considerable intercourse, both in trade and culture, between the peoples dwelling in this region and those of Babylonia and Egypt. In the East itself the Indian learning was carried to Ceylon, to Java, and later on to China and Tibet.

"Buddhism came and the Brahmen priest fled to the furthest parts of the known world. The Buddhist dynasties sank, Brahminism was recreated and Buddhist scholars, like those Greeks who with the fall of Constantinople brought the Renaissance to western Europe, fled with their learning to China, to Tibet, to everywhere. There are even those who say that Ancient Mexico owes much of her pre-Conquadistor civilization to the arts of India and the discoveries made by Dr. Thomas Gaun in his recent expeditions to Central America disclose in a startling manner the striking similarity of the design and architecture of some of the Maya temples to those of ancient India.

Utility of Practice in Hospitals

A complex knowledge of medicine and surgery can only be acquired in the wards of a hospital. It is at the bedside of the

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patient and not from books, that the practical application of medical studies derived from Ayurvedic texts can be mastered, clinical knowledge gained, observations on diseases made and the methods of cures studied, They attend to the patients who come in numbers to the dispensary attached to the hospitals and thus learn diagnosis and treatment. We have evidence that in ancient India, the Ayurvedic physicians practised their art in hospitals. In Charaka we find the descriptions of Hospitals for Kaya-Chikitsa, Salya Chikitsa, Prasava Chikitsa and Kaumarabhritya etc. You know that Kaya-chikitsa is Sodhana and Samana.

The Armamentarium of the Physician

The physician who wishes to administer the procedure of Sodhana Chikitsa, to a king, or a person of kingly circumstance (Rajanam rajamatramanym) or a wealthy man (Vipula dravyam) must keep ready before beginning his treatment his full armamentarium. If the procedure proves quite successful the equipment is of use in after-treatment and if the procedure goes wrong, it will serve to help diagnosis and emergency treatment, of complications arising during the course of treatment. The equipment should be kept ready because it is not easy to obtain immediately even if the means to buy them be available, the stock of remedies needed in the event of the emergency development of the disease.

Construction of Hospital Building

The expert architect should first design (construct) a good house which is strong (drudham) and is warding off the wind except on one side, affording comfortable moving space, not surrounded by high places, not penetrable to smoke, heat, moisture, dust and to undesirable noise, contact, taste, sights and odour and is furnished with a water storage room, pharmacy room, latrine, bath room and kitchen.

Accessories to Be Kept Ready

Attendants who have character, cleanliness, good of conduct, affection, dexterity and sympathy, who are well versed in the art of nursing, who are circumspect in all the work, who are well trained in the art of cooking of soups and rice, in giving baths and shampoo, in lifting or laying the patient in bed and in administering medicines, and who are not disinclined to any kind of work, persons well versed in singing, playing on musical instruments, panegyrics, verses, stories, legends, modern history, mythology, who are quick in understanding, who are of approved character, who are versed in the knowledge of clime and season and who are good members of society.

It should also be equipped with (Lava) quail, (Kapinjala) grey partridge, (Harina) deer, (Sasa) hare, (Yena) spotted deer, (Kala puchhaka) black nuck, (mrignmatruka) black tailed deer, hog deer and wild sheep and *a milch cow, of good temper and healthy, having a living calf and a good arrangement of grass etc. (fodder),* byre and water. So also should be kept little vessels or cups, larger vessels

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for washing the hands and face, water vessels or jars, small jars, or pitchers, dishes, metallic or earthen jars, cauldrons or pans, larger or smaller jars, vessels called kundas, hollow vessels for covering articles, wooden or metallic ladles, mats, covers of cloth or blankets, vessels for boiling oils or ghee, churning rods, deer-skins and sheep-skins, rags, cloths made of cotton and wool, strings and chords, beds and seats, vessels, called Bhringaras full of water and flatter vessels for holding spittle and evacuations, all placed ready for use, good beds placed upon bedsteads and overlaid with white sheets and containing pillows, for use when sleep needed, beds or carpets for lying down or sitting upon, articles neccessary for the operations of Sneha, Sweda, Abhyanga, plasters, fomentation, rubbing, vomiting, purging, application of oily or other kinds of enemas, errhines, urination and passing of stool, well washed mullers and flat stones that are smooth and rough and neither smooth nor rough and diverse kinds of instruments domestic and surgical, smoking tubes, enemas and enemas of a special kind called uttara vastikas, brushes and crooks, balances and weights-measuring vessels and blankets, ghee, oil, fat, marrow, honey, treacle, salt, fuel, water, honey-wines, sour gruels of different varieties, different kinds of wines, whey, butter-milk, sour gruel of paddy or rice and the different varieties of animal urine, should also be kept ready.

So also, sali, shastika, mudga, masha, sesame, kulattha, badari, mridvika, parushaka, abhaya, amlaki, vibhitaki and diverse other articles fit for the extraction of *sneha* and for *sweda* as also emetics and purgatives, those that are astringent, that increase the appetite, promote digestion, cool the system and destroy the wind (vayu) should be kept ready. Besides those, such other articles, should be kept ready, as may be needed in view of other anticipated evils. Other things again, that may conduce to the case, comfort and happiness of the patient, should similarly be kept ready.

Materia Medica of the Ancient Hindus

If then this is what we find in surgery, what may we not expect in medicine from India, that vast and fertile country which by the very nature of its size and climate, is indeed a veritable encyclopedia of the vegetable world ? Now shall we be disappointed ? The Materia Medica of the ancient Hindus is a marvel to the scientific investigator ; and that it was freely borrowed, from both Greeks and Romans cannot be denied.

In the Materia Medica are described drugs belonging to the animal, vegetable and mineral kingdoms, the theory being that every substance had to be judged by its five properties—Rasa, guna, veerya, vipaka and prabhava. The first of these stood for taste (madhura, amla, lavana, tikta, katu and kashaya)—Sweet, sour, salt, bitter, pungent or astringent. In the *kalpa sthana*, we notice the classification of drugs and medicinal plants under their headings, tuberous and bulbous roots, bark of roots,

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trees possessing a peculiar smell, leaves, flowers, fruits, seeds, acrid and astringent-vegetables, milky plants, gums and resins. The list is interesting as it is in this book that we probably find our earliest notices respecting botanical geography, the sites and climates of different plants, the soils and seasons for collecting medicinal plants, the time that they remain good, how they are to be kept and the weights and measures of pharmacy. This botanical gardening, coupled with the Indian pharmaceutical gardens, seems to possess a particular interest in medical history and again it is to India, that we owe it.

Many of these medicines can be traced directly not only down to the Arabs but also to the Greeks and Romans. Diascorides in his first book mentions many Indian plants, particularly among aromatics, for which India has always been famed. Galen and Pliny also borrowed much but it is the work of Diascorides that is best calculated to show how great an extent the ancients were indebted to India and the East for their medicines. They were some who used to think that the Hindus had their knowledge from the physicians who accompanied Alexander the Great on his conquests in the East but we now know that it was to India that the Greeks and so indirectly ourselves owe, most of their medicines. And while many drugs that had their origin in India have found their way into our own British Pharmacopœa, there were probably hundreds more Indian medicines still unacknowledgd. (Capt. Jhonson Saint)

Instructions to Keep and to Preserve Culled Drugs

The collected drugs should be kept in vessels, possessed of suitable virtues (i.e. vessels made of iron, or copper, or earth etc. agreeably to the nature of the substances kept in). The rooms selected for their keep should be such as are furnished with doors facing the east or the north. The rooms to be such as are unexposed to the winds but portions only are exposed to it. The rooms should be such as are used every day for the offering of flowers and the performance of sacrifices in homas. They should also be such as are unexposed to fire, water, any kind of heat, smoke, dust, rats, mice and quadrupeds. The vessels in which they are kept should be deposited on a sikya tied to the ceiling by strings. The drugs also should be properly covered. They should be, when occassions arise, applied agreeably to the fault or faults excited.

(Cha. Kalpasthana)

Midwifery in Ancient India

The science and art of midwifery as known to the Ancient Hindus was considered by them as a part of the Salyatantra or Major Surgery, 'a member of the Octopartite science of the Ayurveda'. The knowledge acquired by the sages in the science of midwifery is a vast subject when properly taken up for study and research. It is maintained in many treatises on surgery and medicine. There is no separate single book as in allopathy, with the science of midwifery as known to the ancient

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Hindus. Drs. Wise, Thakore Saheb of Gondal and other writers have no doubt described a summary of it. But their descriptions do not convey to our mind the teachings of the sages as a whole, as such teachings lie scattered through many books, medical or non-medical (Dr. G. N. Mukhopadhyaya).

Again in Midwidery the Hindu was well in advance and his early writings display a remarkable knowledge of the technique of this branch of medical science, including caesarian section, and what we should now call pre-natal treatment. The expectant mother, it was taught, is to be kept in a happy frame of mind, her surroundings were to be placid and pleasant and in effect the instructions the mother-craft clinics of London are giving to-day and have been giving for a matter of possibly for the last ten years or so (now it comes to forty) were being taught as a matter, of course, in the Ancient India, centuries upon centuries back—(Capt. Jhonston Saint).

Old Indian midwifery knew all that present-day midwifery does. Even operative interference was freely resorted to in cases of difficult and complicated labour. Indian Midwifery contains some useful instructions to be observed by women during pregnancy and confinement. The present-day midwifery has no better instructions to give than those given by the ancient midwifery. The postural treatment, which is only recently entered into gynæcology and surgery was long known to and practised by the old Ayurvedic doctors. Postural treatment, as a means of facilitating easy labour, and as a factor in curing some internal disorders was the speciality of one Hindu physician *Koka*. His famous book Koka Shastra (De rebu Veneris) as it is commonly called though held in doubtful repute, because of the extreme delicacy of the subject treated. India can easily claim the credit of having first propagated this theory. (Dr. J. J. Modi).

The Ratisastra of the Hindus :

Deals particularly with the considerations of the conjugal life of the married couple—It is also called Adisastra. Mary Stopes remarks on this book thus in her "Radiant motherhood"—In ancient Sanskrit there is a work dwelling minutely with love and with the different forms its expressions take in different types of people. This has been modified, added to and rewritten by many later authors, and under various names, works based on this are to be found in Sanskrit and translated into various Indian dialects.

In these volumes much that is curious and to western nations absurd, is to be found but also some profound observations which appear to be based on truths generally ignored by us. One of the interesting themes of these very early writers is a recognition and description of the characteristics : it is observed that she being a child of light and not of darkness prefers the supreme act of love to take place in the daylight rather than the dark".

The Rati Rahasya or the secret of the sexual pleasure has been translated with

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coloured illustrations in the English language by Dr. Schmidt. The Ananga-Ranga is a more profuse work on the subject. It has been published in the French language and the price of the book has been purposely fixed at a prohibitive amount.

The knowledge of the sexual science which is now being taught to young men and women in recent times in Europe and America, was taught to disciples in ancient times in India by sages as a regular course of study to be learned and practised. If any one would peruse these books his labour should be more than rewarded by original matters for investigation and by the solution of problems which are still far from being satisfactorily solved. The present type of degeneration as seen among the Hindus was unknown to the ancient nation ; and it is now high time that the Hindus should learn about the hygienic rules observed by the ancestors in diet, marriage and procreation.

The Classes of Women

In the Rati-sastra four classes of women are described, Nagarjuna (Siddha-Vinodana—a compendium of Siddha Nagarjuna ; abridged from the Rati sastra of Siva and Adisastra of Garga. It is in the form of a dialogue between Nagarjuna and his disciple Tundi muni describes them thus :—

1. Padmini is reckoned as the first and best class of the womankind. Her eyes are extended as the petals of the lotus buds, and like those of the female deer. She has smiling face, thin body, soft, sweet words, hairs long, fine complexion, nice dress, breast hard and is amiable and loving.

2. Chitrani is the second class. Their breasts are hard and close, she has pointed nose, is wise, gentle, medium-sized, truthful and kind, devoted to their husbands and virtuous.

3. Sankhini is the third class. Her eyes are long, body tall, breasts hard but studded, words sweet, long neck marked with three lines and she is gentle and modest ; but she is lascivous, is not afraid of her husband and always feels hungry and thirsty.

4. The fourth class is Hastini. She is lascivous, fatty, her eyes red, hairs scanty, breasts hard, and thick nostrils, large, lips thick. She is lustful and does sinful and vicious acts.

The maidens (kanyas) are also classed as Good (Uttama) Fair (Madhyama) and Bad (Adhama).

1. The Uttama Kumari or the good girl may be fair or bright black, palm soft and red, eyes like lotus-leaves, and she is virtuous and pious.

2. The Madhyama Kumari or intermediate or fair girls are religious, beautiful, navel deep, respectful to gods and their husbands.

3. The Adhama Kumari is hairy, blue-eyed, tall, active, immodest, and sinful.

Similarly four types of men are described, namely Sasaka, or the hare-class ; Mriga or the deer-class ; Brisha or the ox-class ; and Aswa or horse-class.

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1. The Sasaka is gentle, truthful, has sweet voice and words, is religious, medium-sized, devoted and ready to do good to others.

2. The Mriga has a smiling face, smooth and cooling body, stout and strong, is hospitable, religious and good.

3. The Vrisha is good-looking, social, his body fat, legs short, is immodest, sleepless and sinful.

4. The Aswa is rough and tall, bold, sinful, haughty, full of lust and fatty. It is said that marriage ought to be arranged between the different classes of men and women according to their nature and character, for when properly combined the sons would be brave, virtuous, fine-looking and heroic. (Dr. G. N. Mukherjee).

(To be continued)

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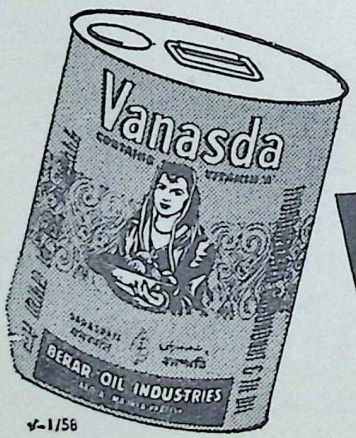

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Vanasda

Vitaminised Vanaspati

BERAR OIL INDUSTRIES, AKOLA

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CONTRIBUTION OF INDIAN INDIGENOUS DRUG TO MODERN THERAPEUTICS

I. C. Chopra and K. L. Handa

Regional Research Laboratory, Jammu

Of late, there has been a growing interest in the Indian systems of Medicine, Ayurveda and Unani, which, for many centuries in the past have to a considerable extent met the needs of the country. Even Western scholars are agreed that there is much of value in them which could be successfully utilised to alleviate human sufferings.

The drugs used in the indigenous systems of medicine are largely derived from the vegetable kingdom. Although about two thousand plants in India are known to have medicinal properties, only about five hundred of them are now in common use. Modern researches on ancient indigenous drugs were taken up in the early part of the nineteenth century. These were initially confined to the collection of the available information on medicinal plants of the country. The year 1895 saw the publication of the most elaborate work, "A Dictionary of the Economic Products of India" by Sir George Watt, Reporter on the Economic Products to the Government of India. It contained data on the use of plant materials for medicinal and other purposes. A similar encyclopedic work under the name of "The Wealth of India" is now being published by the Council of Scientific and Industrial Research, and a number of volumes have already come out. Among other important works is the publication in 1933 of "Indian Medicinal Plants" by K. B. Kirtikar and B. D. Basu.

Although considerable botanical investigations into indigenous drugs were then carried out, their Pharmacognosy, Chemistry and Pharmacology remained till recently an unexplored field owing to lack of trained personnel as well as inadequate laboratory facilities. This study was started early in this century and is now being carried out in the various university laboratories and research institutes such as the School of Tropical Medicine at Calcutta, the Central Drug Research Institute at Lucknow, the Regional Research Laboratory at Jammu, and the Haffkine

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Institute at Bombay. A research institute on indigenous medicine has been recently established in Jamnagar by the Union Health Ministry. Several research centres in Great Britain, Switzerland and the United States have also taken up an intensive study of our ancient drugs.

Efforts to locate effective remedies from the Ayurvedic and Unani drugs have resulted in a number of them being incorporated into the British and other foreign Pharmacopoeias and the recently compiled *Indian Pharmacopoeia* 1954. A systematic chemical and pharmacological study of the Indian plants revealed that many indigenous substitutes were by and large as active as the foreign drugs. For example, *Colchicum luteum* (Vernacular : Surinjan-i-talkh) found on the slopes of Western Himalayas and used for the treatment of gout, rheumatism, and diseases of liver and spleen, has been found to be an excellent substitute for the official drug *C. autumanale*. Similarly, for *Scilla maritima* profitably be replaced by *Scilla indica* (Vernacular : Suphadie-khus), used for bronchial ailments and growing extensively on the sea coast and the hills of lower Himalayas.

A gum resin resembling asafoetida (Vernacular : Hing) is obtained from *Ferula narthex*, found in Kashmir. Several *Dryopteris* (male-fern) species, common in the north-western Himalayas and used for expelling or destroying intestinal worms, compare favourably both chemically and pharmacologically with the British pharmacopœial drug *D.felix-mas*. Another Himalayan herb, *Rheum emodi* (Vern. Revand chini), a source of commercial rhubarb and used as a purgative and astringent tonic, is an effective substitute for the official drug *Rheum palmatum*, indigenous to China. The seeds of *Strophanthus wightianus*, a wild climbing shrub of Malabar and used as a cardio-active agent, contains active principles with biolosial activity that of the official drug *S. kombe*. The properties of *Picrasma quassioides* (Vern. Charangi) and *Gentiana kurroo* (Vern. Karu) bear close resemblance to those of the official drugs, *Picrasma excelsa* and *Gentiana lutea*, respectively. A systematic research into the exotic drugs for which indigenous substitutes are not available has resulted in the large-scale cultivation of many such as digitalis, ipecaucunha, eucalyptus, cinchona, Japanese mint, lavender, glycyrrhiza and pyrethrum.

Although there are about two thousand medicinal plants mentioned in literature on the indigenous systems of medicine, modern investigations were initially undertaken only on those renowned ancient drugs whose efficacy was confirmed by scientific studies. Thus many drug plants have been brought into prominence. For instance, *Holarrhena antidysenterica* (Vern. Kurchi) has come to stay as antidysenteric remedy, particularly in subacute and chronic forms of amaebiasis complicated with what has been often described clinically as "post dysenteric abdomen". A standarised liquid extract of the bark and an allied preparation, kurchi bismuth iodide, have been accepted as recognised remedies in the Indian Pharmacopœias.

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Rauvolfia (Vern. Sarapgandh), a plant belonging to the family apocynacea has been used by indigenous practioners for centuries as a sedative and in the treatment of neuropsychological disorders and insanity, is now recognised the world over as a potent tranquiliser in certain mental ailments and in the management of hypertension. The first pharmacological studies on this drug were published as far back as 1933 by R. N. Chopra and B. Mukerji. The alkaloid resperine present in *Rauvolfia serpentina* has also been found in its allied species *R. canescens* growing wild in India. Another member of the apocynaceae family *Lochnera rosea* (Vern. Rattanjot) has, during the course of recent studies by the authors, also been found to contain potent hypotensive and sedative alkaloids.

Recent work on *Cissampelos pareira* (Vern. Akanadi) at the Central Drug Research Institute, Lucknow, indicates that from this plant, plentiful in the lower ranges of the Himalayas, can be isolated the alkaloid, hyatin, a muscle relaxant as good as d-tubocurarine chloride.

From *Thevetia neriifolia* (Vern. Pila-Kaner), a pure glycoside has been obtained having properties similar to Digitalis, a cardioactive agent. Bitters and cholagogues from *Andrographis paniculata* (Vern. Kalmegh) and *Swertia chirata* (Vern. chireta) compare favourably with their class in foreign pharmacopœias.

The use of *Plantago ovata* (Vern. Ispaghul) in intestinal ailments has now been accepted throughout the world. The extensively used *Withania somnifera* (Vern. Asvagandha) is known to contain alkaloids possessing mild sedative properties.

The paste from roots of *Pristemera indica* is used as a remedy for respiratory troubles. It has been found to contain an antibiotic substance, pristimarin, which is effective against Gram positive organisms. Clinical trials indicate that it is effective in throat infections. *Moringa pterygosperma* (Vern. Shajnah) contains an antibiotic substance ptergospermarin which has been found to be effective against Gram negative organism and specially against *Mycobacteriaa tuberculosis.*

The roots of *Dichroa febriguga*, growing wild in the region extending from Bhutan to Khasi Hills, are used as a cure for malaria in China and as a febrifuge in India. This drug contains a number of alkaloids of which febrifugine and isofebrifugine are important. Clinical trials have shown that the drug has antipyretic action resembling quinine (1.5 times but no *antiparasitic* action.

These are only a few examples, out of the 200 or 300 drugs which have so far been scientifically studied. Some of these have shown definite physiological activity and are being brought into use. There must be many others which future research will perhaps reveal to be good and useful remedies.

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THE NATURE OF AYURVEDIC RESEARCH—II

Rajvaidya Pranacharya Kaviraj Dr. Prabhakar Chatterjee, *M.A., D.Sc. Ayurveda-Brihaspati*

The following is a list of the medicinal ingredients taken by the British Pharmacopœia from the Indian Materia Medica without due acknowledgement of the debt of gratitude they owe to the great Ayurveda of the East, which is recognised to be the Nature's veritable granary of the endless medicinal ingredients stored up by Nature for the perennial welfare of mankind :

1. Basak 2. Kuda 3. Aswagandha 4. Kalamegha 5. Kurchi 6. Bel 7. Punarnaba 8. Brahmi 9. Sarpagandha 10. Ankota 11. Dhutura 12. Jayapala 13. Kupilu or Kunchila 14. Bhanga 15. Pastu Dhehri 16. Darimba 17. Babbula 18. Asoka 19. Arjuna 20. Makardhwaja 21. Kasturi 22. Honey 23. Kesar 24. Ayapan 25. Apang 26. Bansalochan 27. Shitopala 28. Anantamula 29. Guruchi 30. Mustak 31. Satabari 32. Chalmugra 33. Castor Oil 34. Jabakshar 35. Sarjikshar 36. Sunthi 37. Pippali 38. Batsanav 39. Lodh 40. Gold 41. Iron 42. Silver 43. Silver Nitrate 44. Banga 45. Dasta 46. Shishaka 47. Rasanjan 48. Nabhi Sankha 49. Sankha 50. Prabal 51. Kari 52. Molasses 53. Mercury 54. Sulphur 55. Saptaparni 56. Guruchi 57. Nata Karenja 58. Karanja 59. Daharkaranja 60. Shyamaparni 61. Jaba 62. Godhuma 63. Arrowroot 64. Sati 65. Jamani 66. Onion 67. Garlic 68. Ginger 69. Bhringaraj 70. Somraji 71. Bakuchi 72. Kaladana 73. Mustard seed 74. Tejapatra 75. Neem 76. Dhustura 77. Arka 78. Manahshila 79. Sora 80. Tangan 81. Benupatra 82. Bimbi 83. Udumbara 84. Pasanbhedi 85. Akarkara 86. Cobra poison 87. Trifala or the three great Myrabolans 88. Grapes 89. Dates 90. Kanya Kumari 91. Kokilaksha 92. Laksha 93. Gand 94. Haridra 95. Daruharidra 96. Karpur 97. Cinnamon 98. Cardamom 99. Tutthak 100. Pyrites 101. Fatkiri and many others are being daily incorporated into the British pharmacopœia.

Several Drug Research Institutes which have been started by the Republic of India are adding to the numerical strength of the British Pharmacopœia and not of Ayurveda in the least. Because, they are

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finding out the sources of information regarding the new discoveries and the potencies of new drugs from the Ayurvedic Materia Medica which has declared to the world scientists that (नानोषधीभूतं जगति किञ्चिद्द्रव्यमस्तीति) i.e. there is nothing in the world which cannot be utilised as medicines. So according to the above views all earthly articles can be utilised as medicines, if the chemist possesses only the knowledge of the inherent properties of the drugs concerned.

Indian method of Researches in Materia Medica and the birth of Indian Pharmacology

From time immemorial the Indian chemists and physicians have been trying to ascertain the inherent properties of articles by dividing them into different Vargas or groups possessing more or less the same properties, or potencies of a similar character. But the ancient chemists of India were being guided by a set of rules which goaded them on to the path of their activity and made them cast anchor on a safety zone having a view of the green verdure of the rich harvest lying in front of them and alluring them on to further activities in the new fields full of innumerable possibilities. These rules are the intimate knowledge of the Guna, Rasa, Veerya, Vipak and Prabhava theories of Ayurveda in absolute conformity with its Tridosha theory based on the knowledge of the Pancha Mahabhuta Vijnan i.e. the knowledge of the constitution of earth, water, heat, air and ether, the primordial sources of the creation of the visible world according to the six schools of Hindu philosophy.

Whenever the Indian chemists of olden days found out a new article not known and seen before, they would try to know its gunas or properties. Now, how could the properties be established without testing the Rasas, which are six in number namely,

1. Madhur or sweet 2. Amla or sour
3. Lavan or saltish 4. Tiktam or bitter
5. Katu or pungent 6. Kasaya or astringent.

All the articles of the world must possess any one or two or three or four or five Rasas. No article except mercury contains the six Rasas mentioned above. Mercury, is therefore, called the Rasa-Raja or the King of Rassa, as it is the depository of all the Rasas. It is also known as the epitome of the world. It contains all the properties of all the articles of the world put together. It is, therefore, likened to Brahma, the all-pervading universal soul into which all the objects of the world ultimately merge.

Now if after tasting, an article is found to possess the Madhura Rasa or the sweet Rasa, it is said to possess the virtue of expelling the aggravated heat or the "Pitta Vikriti" of the system. Therefore, the possession of Madhura Rasa entitles an article to possess the Pitta Prashamaka Guna or the properties of alleviating the aggravated pitta or the heat metabolism of the human constitution. Take, for instance, the example of Amlaki, one of the three great myrabolans of the Ayurvedic Materia Medica. It possesses a Madhur Rasa or

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a sweet taste and is, therefore, known as possessing a Guna—or an attribute of alleviating Pitta. It possesses a sour taste or Amla Rasa and is therefore possessed of the property of alleviating wind or Vayunashaka-guna. Amlaki possesses an astringent taste. And, therefore, it is possessed of the property or guna of alleviating Kapha or the watery portion of the body. In this way the gunas of things have been established in the Ayurvedic Materia Medica. When digested in the stomach, Amlaki produces a sweet juice or Madhura Vipak, which is the cause of raising it to the category of Rasayana or the remover of senility, decay and untimely death. Amlaki is Usna Veerya or hot in character and is, therefore, very strongly vitaminous in character. Amlaki possesses all the five Rasas namely, (1) Sweet (2) Sour (3) Astringent (4) Pungent and (5) Bitter. It is wanting in only one Rasa namely, Salt. Amlaki exercises a special influence upon the human constitution because of its possession of the five Rasas and as such it has got a special power of removing diseases. Vadari, plum, Amra or hog plum and Lakucha all are sour in taste. But Amlaki is richer in efficacy than Vadari and Amra or Lakucha, because of its possession of the special prabhava or power. The unthinkable and unaccountable special property or power possessed by an article is called its prabhava or a special attribute by which the article is specially known.

The Researchers of Ayurveda have always tried to find out the Pancha Bhautika properties of articles in the matter of assessing their values, powers and utilities. So whenever a new article is given to them, they try to find out its earthy, watery, fiery, airy and ethery character of its attributes and arrives at a conclusion of its (1) Guna (2) Rasa (3) Veerya (4) Vipaka (5) Prabhava which explain everything regarding its composition and component parts from the Ayurvedic point of view.

So while carrying on researches from the Ayurvedic point of view into the Drabya Guna Vijnan or Ayurvedic Materia Medica, the scholars must try to probe into the secrets of the hidden properties of things which have not been hitherto explained Ayurvedically with strict reference to the principles of Tridosha based on the knowledge of Pancha Maha Bhuta Vijnan. Otherwise, the conclusions arrived at, will not be understandable from Ayurvedic point of view and be abortive of the desired results.

Researches into Ayurvedic Pharmacology

An idea is gradually gaining ground among the Ayurvedic physicians that the Ayurvedic system of treatment has no pharmacology in the strictest scientific sense of the term. And as such Ayurvedic medicines are being unscientifically prepared by the pharmacists of modern India. It is a very serious challenge to the Ayurvedic pharmacists of India. And they base their challenge on the following grounds :-

Ayurvedic preparations are mainly divided into the following different groups

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namely (1) Swaras (2) Sheetkasaya (3) Fanta (4) Churna (5) Abaleha (6) Modak (7) Asab (8) Arista (9) Taila (10) Ghreeta (11) Prash (12) Bhasma (13) Pisti (14) Batika (15) Kshar (16) Drabak (17) Sura (18) Arka etc. We have nothing more to say regarding the impurities of the first item namely, Swaras or juice to be extracted from the green leaves, roots and barks of trees, creepers and herbs than putting stress upon the exact time and season of collecting them for the purpose of preserving their potency. Autumn is the best season of collecting leaves, barks and roots of trees for extracting swaras or juice. These should be collected at the end of the Spring with a view to preparing medicines for purgation and vomiting. Some roots and herbs are to be collected during auspicious days and stars. Some are to be collected during full-moon day because some of the leaves of trees, roots, herbs and creepers attain special potencies on these occasions. Some roots are to be collected on the days on which the following auspicious stars occupy the moon, namely the 8th, the 13th, the 15th, the 22nd and the 27th stars. The consideration of time in the matter of collecting medicinal ingredients is of utmost importance. Because some of the medicinal ingredients attain special potency during the auspicious day joined with good stars. According to the belief of the modern scientists, if the Digitalis leaves are collected in the evening, they possess greater vitamin than if they are collected in the morning. So the wisdom of the ancient people should not be questioned in these respects. On the other hand, a greater care and a spirit of research is to be concentrated on the matter of finding out the scientific truth behind them. Their observations are built on experience and research and as such they should be respected and adhered to as far as practicable.

As regards Sheetkasaya and Fanta, we have nothing to say excepting their doses. Because ancient doses are much bigger in character. And modern persons having much weaker constitutions are not capable of swallowing and digesting the ancient doses. But accoding to the opinion of the ancient authors, the doses to be applied should never have a stationary or settled character. It must vary according to the variations in the nature of the Doshas or blemishes producing the diseases, the digestive heat, strength, age, the constipating and loose character of the stomach of the patients concerned.

As regards the item No. 4 the Churna we have to say that it exercises a very powerful influence in Ayurvedic pharmacopœia. And in almost every Rogadhikara, there is at least one very powerful Churna exercising a very powerful influence in the matter of the eradication of tropical diseases. The following Churnas possess a permanent value in the Ayurvedic Pharmacopœia (1) Jwaranagamayura Churna (2) Sudarshan Churna (3) Labangadi Churna (4) Gangadhar Churna (5) Bhaskar Churna (6) Pusyanug Churna (7) Sitopaladi Churna (8) Katfaladi Churna (9) Hingastak Churna (10) Shankhyadi Churna (11) Nimbadi

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Churna (12) Nabayas Churna (13) Hingadya Churna (14) Saradharan Churna (15) Masbaladi Churna (16) Aswagandha Churna etc. These Churnas have permanent values in the history of Ayurvedic Kayachikitsa for their capacity of giving instantaneous relief in many obstinate diseases. But one thing in connection with the churnas or powders are to be specially noted that they remain effective and powerful only upto three months and after the lapse of three months, all the Churnas cease to be effective. And there is a charge against the modern pharmacists of India that they do not throw off the Churna medicines after the expiry of three months from the date of their final preparation, but go on selling them until and unless they are finally consumed. They do not also put the time and date of the preparation of the drug on the label and also the date of the expiry of its potency. Moreover, manufacturers grind all the different ingredients of the Churnas all at a time by electric machines which according to the Paribhasa of Ayurvedic Science is non-Shastric in character. According to Ayurvedic Paribhasa, controlling the process of preparing medicines, each and every item of component parts of the medicine is to be separately ground and sieved separately and then mixed together. But there is a charge against the manufacturers that for the sake of minimising the cost of production, they use electric machines and grind the ingredients all at a time and also sieve them through electricity and as such the medicines thus produced do not have the flavour and efficiency of the orthodoxically prepared medicines of the Ayurvedacharyya's personal supervision.

Now from the point of view of a large scale production, the manufacturers contend that they are not able to cope with the huge requirements of the public, and also cannot compete with the market prices, if they go on preparing medicines orthodoxically. What we like to suggest is that Ayurvedic medicines are to be prepared strictly in accordance with the orthodox Shastric principles, if the patients desire to have real and complete benefit and satisfaction from the Shastric Ayurvedic medicines. The commercial point of view had never been given consideration by the sponsors of the Ayurvedic medicines in the bygone days of Ayurvedic supremacy. If there is a greater cost in the preparation of medicines according to the Shastric principles, it should be incurred for better results and backdated medicines must be thrown off to ensure the genuinness of the preparations to the public and no short cut policy accruing greater gains to the pharmacists and manufacturers should be adopted to supplement the wisdom of the sages who had nothing but the good of the people as their incentives for making the prescriptions. There must be a little bit of heart searching on the part of the pharmacists who push Churna medicines for sale in the market in the matter of the ascertainment of the date of their preparation and the dates of their selling to the public for the consump-

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tion of the patients in the matter of the eradication of diseases for which they are primarily made and not for the absolute gain and material prosperity of the manufacturers and the pharmacists concerned. They should never try to sully the good name of Ayurveda by selling the spurious and ineffective drugs after the lapse of their potency period with strict reference to the dates of their preparation. And if inspite of the Shastric injunctions, the manufacturers and the Pharmacists and the physicians use them or sell them, they will be subject to Prajnaparadha which is sure to take vengeance in the long run in the shape of decreasing the popularity of Ayurveda which is the main source of their terrestrial popularity, prosperity and greatness.

As regards the item No. 5 the Kwath or decoction, we abide by the time-honoured method of preparing it and we are of the opinion that Kwath is the best preparation of Ayurvedic pharmacopœia and also best suited to the constitution of the Indians. It is cheap and cheaper than even Homeopathic medicines and is available everywhere in pure and unadulterated forms. All diseases with their accompanying ailments can be freely and successfully treated with the help of the decoctions. Books on Ayurvedic Therapeutics are full of prescriptions for the treatment of every disease with its accompaniments from the field of decoction.

Kwath or decoction requires a few words of explanation to the modern readers of this article. Because as ill-luck would have it, the Indians of the present times have been absolutely unaccustomed to the use of this harmless but extremely beneficial preparation of the time-honoured medicines of Ayurvedic pharmacopœia. Decoction is not a ready-made medicine procurable from the pharmacists but it is a medicine to be prepared every day early in the morning by boiling the common herbal ingredients such as roots, leaves and barks of trees with sixteen times their weight of water and then taking it when its quantity has been reduced to a quarter. Of the decoction, it has been said in the Shastras :—

"सर्व्वेषु भेषजेषु ऋषिभिः पाचनं श्रेष्ठमुच्यते ।"

The Rishis of old have declared decoction to be the best of all medicines. As it is to be prepared at home like rice, dal, and curry, it is always free from all touch of contamination and adulteration of any kind and is therefore absolutely harmless.

But it is a matter of deep regret that Ayurvedic physicians of the present time have been averse to prescribing decoction to the people of the metropolis for fear of losing the case on account of the hardship and botheration it inflicts on the patients for boiling the medicines at home. But if a little bit of trouble is taken, much of the doctor's heavy bill can be reduced every month because of the superior efficacy of decoction in the matter of the eradication of the diseases.

A little bit of propaganda work advocating the cause of decoction is necessary for popularising it. We would request

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every Ayurvedic physician to prescribe at least one decoction in his prescriptions of ready-made preparations. At least the poor villagers who can scarcely make two ends meet should know the value of decoction and should be able to use it in time of need. As there is always an abundance of herbal medicines everywhere in India, the teeming millions of India must know their utility.

Regarding Pras, Modak, Awaleha and Ghreeta, we have to state that these medicines retain their potency only for a year and after which they become useless and as such should be thrown away and not to be sold for fear of causing loss to the pharmacists and manufacturers. Another thing to be noted in this connection is that while preparing these medicines, great care should be taken to see that the medicinal ingredients are boiled in the fire made of wood and never in coal which produces a stronger heat and burns out the vitality of the green vegetables. Mild heat applied for longer duration of time is capable of making the drug more efficacious and acceptable to the mild and soft constitution of the tropical people and specially of the children and of the softer sex.

Another thing to be specially noted in this connection is that there is a special instruction in the principles of Ayurveda to the effect that some of the herbal ingredients of Ayurvedic medicines are to be taken in their green and raw state and not in their dried state and used as such. And if dried things are given instead, it does not make any difference in the taste and colour of the medicines. But surely there must be difference in the efficacy of the medicines. Under the circumstances, if the chemist in charge of the preparation of the medicines mentioned above, be unscrupulous and dishonest, he would not mind much giving either raw and dried things but will prepare the medicines according as he is supplied with the necessary ingredients. And in this matter also there should be a little amount of heart-searching on the part of the manufacturers and the physicians in charge of the treatment of the patients.

Regarding the prepatation of Asawa and Arista, many of the Shastric rules are not properly understood and as such they are in most cases violated either knowingly with a view to making greater gain or simply out of ignorance of the law of Ayurvedic chemistry. It is a matter of great regret that in most cases, preparations of Ayurvedic medicines are left to the care of untrained chemists—persons who have not gone through the rules and regulations guiding the practice of preparing Ayurvedic medicines as have been recorded in the works of the Brihat Traiyee and Laghu Traiyee. Some amongst them may be proficient. But many amongst them are averse to the study of the Shastras due to their unmindfulness and overbearing tendencies.

The following points are to be specially noted while preparing Asawas and Aristas.

(1) They should be kept within earthen pots, underneath the ground after

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the mixing of the different ingredients in the case of the Asabas and in the case of the Aristas after they have been boiled and the water has been sieved through clothes.

(2) They should be kept under equable temperature.

(3) No external air should be allowed to enter the earthen pots after they have been kept underneath the ground.

(4) Molasses should be old and not new in any case. New molasses are apt to turn the asabas and aristas sour in taste. They are also likely to turn to sour taste if the outside air enters the mouth of the pots in which the asabas and aristas are kept during the one month of fermentation period.

(5) When the fermentation period is over and the mouth of the pot containing the liquid is opened, it should be properly sieved then and there and properly bottled and kept in jars after carefully tightening the covers of their mouths so that the mixture of outside humidity or heat might not exercise their influence upon them and render the taste of the liquid into sour.

(6) We have also seen that inspite of the adoption of the above precautionary measures, the asabas and aristas produce sour taste due to the sudden change of weather and atmospheric pressures. And in many cases we are at a loss to account for the cause of the difference in the taste, colour and substance of the Asabas and Aristas.

We feel very much constrained to remark that we have known the practices of many big concerns who have been very big men by selling the productions coming out of the heads of the Rishis of old, that they mix salt, sodibicarb, and sugar in their Asabas and Aristas which give forth sour taste. We cannot praise the wisdom and tactics of such men trying to improve upon the merits of the sages of old whose only object was to remove the causes of the diseases of the suffering humanity with no thought of any profit for themselves.

Chyabanprash is a very powerful medicine of Ayurvedic pharmacopœia. And if it is prepared strictly in accordance with the pure Shastric methods, it is still capable of producing wonderful results. But much discrepancies have crept into its preparations from profiteering motives.

The following malpractices have entered into the making of Chyabanprash even in the renowned factories of Ayurvedic medicine manufacturers of modern India purely from the point of view of profiteering.

(1) Although it is the time-honoured practice of giving both oil and ghee in the preparation of Chyabanprash, in many cases only one of the two is given.

(2) In some cases instead of pure and

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old cow ghee Dalda Vanaspati or Laxmi Ghee is given.

(3) In almost all cases, adulterated Cow Ghee, both Buffalo and Cow Ghee mixed together are given instead of pure Cow Ghee.

( ) Instead of raw and ripe Amlakis dried Amlakis are given and for the purpose of doing away with the sour taste a greater quantity of sugar is added.

(5) In place of sugarcandy, sugar is given.

(6) In place of raw and ripe Amlakis, pulp of dried Amlaki along with Sarkara Kanda are applied with an excessive quantity of sugar to do away with the sour taste.

(7) And even the substitutes of many of the non-available ingredients are not given in the preparations.

(8) And the price of the prepared medicines varies according to the type and make of manufacture from Rs. 4/- to Rs. 32/- per seer in the Barabazar area, according as they can take from the buyers who always care for the cheapest price. We have seen Bhaskarlavan selling at Rs. 2/- per seer in the competitive market of the Barabazar area of almost every metropolis of India. It is not so much upon the lowering down of prices but more upon the genuineness of the articles prepared that the attention of our manufacturers should be concentrated,

The question of Medicated Oil and Ghee and the modern Vitamine theory

Whenever we begin to consider the question of Hindu chemistry with reference to the preparation of medicated oil and ghee, the question of modern vitamine therapy becomes prominent before us. Take the example of Brihat Satabari Ghreetam, Brihat Satabari Tailam, Brahmi Ghreetam and Madhyam Narayana Tailam having permanent and universal significance. In the preparation of the Brahmi Ghreetam, sixteen seers of Brahmi Rasa is to be boiled and burnt out within four seers of pure cow ghee. But the quantity of the cow ghee will not increase thereby On the other hand, there is a chance of its being decreased during the process of being boiled. Similarly in Madhyam Narayan oil, sixteen seers of pure cow's milk and sixteen seers of the juice of Satabari are boiled and burnt out in four seers of oil. But the quantity of the oil is not increased in the least. But it gains in potency and becomes more vitaminous than before and is thus capable of curing many deficiency diseases attacking mankind as a result of the general wear and tear and waste which life undergoes in the course of its movement from youth to age and from age to old age and consequent senility.

In the matter of preparation of the medicated oil, much discrepancies and drawbacks are discernible in the present generation of manufacturers who are bent on minimising the cost of production by adopting short cut methods in the shape of adding four seers of Ghreetam in the

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place of 64 seers of pure cow's milk in the making of Mahanarayan oil. Because according to the thinking of these modern men of science Ghee is as good as milk. And four seers of milk is a good substitute for 64 seers of milk in a condensed form. And as such there is no harm if the same quantity in a condensed form is added to the oil when it is being boiled along with other medicinal ingredients. But it is a serious mistake on the part of the modern thinkers. There is a considerable difference between raw milk being boiled in Til Oil and the Ghee being boiled in it. And an adoption of this sort of short cut policy is no improvement upon Ayurvedic chemistry. On the other hand, it should be considered to be greatly detrimental to the best interests of not only Ayurveda but also of the consumers of its medicines who have an innate and inborn faith in the eternal and everlasting efficacies of its unfailing preparations having the sanction of the sages who were endowed with the knowledge of the past and present and the future of mankind.

In your mad haste on making something new with a view to introducing an innovation in the age-old method of making the famous preparations of Ayurveda, please think thrice before introducing a new method causing a disruption and a change for the lowering down of the status and condition of the ancient preparations of tested efficacies.

It is a very happy augury to learn that the modern chemical concerns of India have begun to manufacture the famous Ayurvedic medicines having a very good sale in the market. But what is causing us a grave concern is the news that some of the manufacturers have begun to manufacture the Ayurvedic medicines not strictly according to the Shastric injunction but according to the methods of the modern chemistry. And as such they prepare Asabas and Aristas in the course of a day or latest in the course of a week by the addition of alcohol. But the injunction of the Ayurvedic chemistry is just the opposite. Ayurveda emphatically states that,

"पुराणाः स्युः गुणैर्युक्ताः आसवा धातवा रसाः"

i.e. "the older the Asabas, Dhatus and Rasas are, the greater are their efficacies". Moreover, the Asabas and Aristas become gradually more powerful and efficacious as they grow old and get internally fermented.

(To be contd.)

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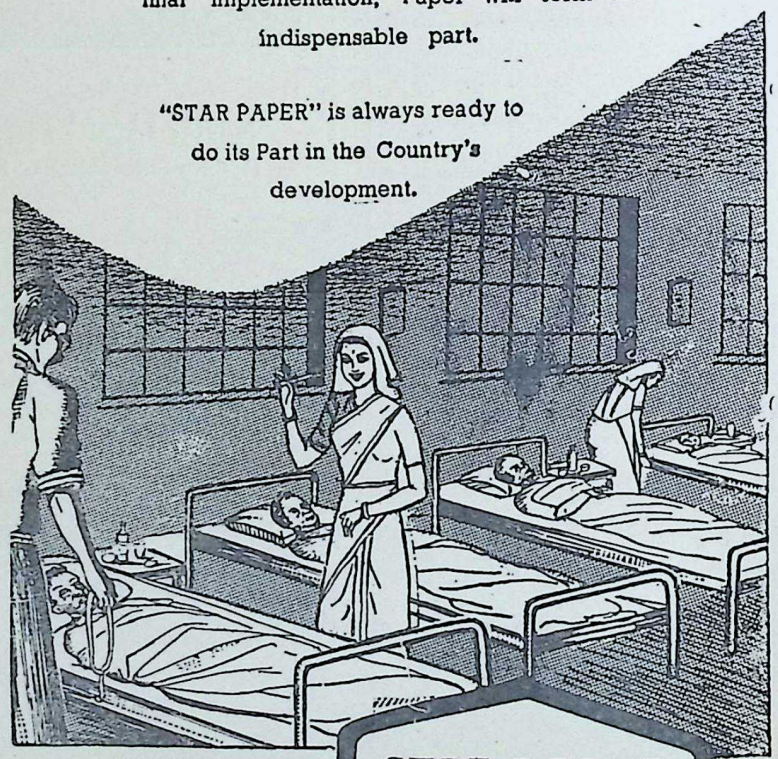

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FUNDAMENTALS OF AYURVEDA—II

Ayurvedacharya T. Gurunadhan, *A.M.A.C.*

Dietetic Research :—Allopathy bases its dietetics on factors like proteins, carbohydrates, fats, vitamins, basic metabolic needs, calories, weight of the patients (so many calories per one kilogram) and so on ; and the forms of diet such as whey, panket, bread, jam etc. have been drawn from European dietetic habits. This is not to be imitated by Ayurvedic Research scholars ; Ayurveda has got its own forms of diet such as Manda, Peya, Yoosha, Mamsa Rasa, Ksheera, Kritanna Yarga and so on ; some of these should be instituted into usage instead of coffee, Ovaltine or Horlicks and so on ; some of these forms may be modified to suit the modern taste, of course, in accordance with Ayurvedic tenets like Rasa, Veerya, Vipaka, Prabhava ; new forms of diet also should receive an explanation from these doctrines. The publication of results of dietetic research is very important at least to educate the general public on self-sufficiency of Indian forms of diet and to conserve or save some foreign exchange which is spent to some extent in importing many forms of foods from other countries. In the preparation of forms of diet and medicines strictly Ayurvedic principles have to be observed. I shall deal with this aspect in another article.

A Pharmacy should be established to the hospital and a herbarium, some animals like cows, goats etc. have to be kept for the needs of Pharmacy as well as for arrangements of diet and for use in some forms of treatment, e.g. a form of Sirovasti with fresh cow's urine (Gomootra) may be very helpful to ward off an attack of coryza with headache and so on ; many forms of appliances for the institution of Panchakarma, Swedakarma, Snehakarma, etc. have to be provided for. A scheme for provision of these requirements, appliances and apparatus etc. may be drawn by a committee of experts.

All the above measures come under the head of Yuktivyapasraya line ; in Ayurveda other forms of treatment such as Daiva Vyapasraya and Satwavajaya have to be institued. The Daivavyapasraya

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treatment methods are especially valuable as forms of psychotherapy on the lines of Ayurveda ; thus some forms of prayer or gramophone music or radio music dealing with devotional aspects or talks on religious topics in all forms of religions in separate blocks may be provided for at particular hours ; Ayurveda says that Harsha (a feeling of happiness) caused sometimes by music and by the particular talk concerning one's religion increases ojas ; some forms of Yogic exercises such as suitable Asanas, mild forms of Pranayama etc. may also be provided to strengthen the mind of the patient which gradually leads to Sattwavajaya in some cases. Some pictures of religious deities such as Hanuman, Rama, Krishna, Christ and Posters containing sayings from Gita, Koran, Bible etc. may be hung on the walls, of course, in separate blocks of the hospital and this ensures more calmness of mind than any measure—Paricharakas (Male nurses) or Paricharikas (female nurses) should be respectively provided for both sexes and these should wear particular badges or emblems which infuse courage, health, hope, etc. in the patients. We should not simply copy the Allopathy in this matter of dress, or hair dress etc.

A library containing some simple books in the regional language dealing with religion, heroism, courage, health, sanitation, etc. may be provided for and patients who can read may be given such books. Some documentary films containing the above features may specially be made and periodically shown to patients especially with chronic diseases. Of course, a good reference library of necessary Ayurvedic and Allopathic books has to be provided for the use of research workers—we have to find out our own ground and the path the ancients have trodden and assimilate all other good and useful points from all the modern systems as per the sayings of Charaka while we can learn and assimilate from others, we should not lose our own ground ; i.e. we should not forget our own principles and thus lose our individuality. Charaka never said that one should lose his ground ; Ayurveda has not only to take from Allopathy but it has much to give to Allopathy and other systems. We shall assimilate others' ideas on that principle.

A seminar may be held periodically where eminent scholars and other practical workers may have to be invited from outside even bearing their expenditure, to review the work already done and to suggest new ways and means to improve the efficiency and practical application of all the methods of research in various diseases.

All these involve much money and funds ; the government should come forward sympathetically with liberal grants and the help of private donors, rich grateful patients and other sources may also be sought, money need not be wasted on huge buildings or structures ; of course simplicity, efficiency and usefulness of the hospital structures should be aimed at.

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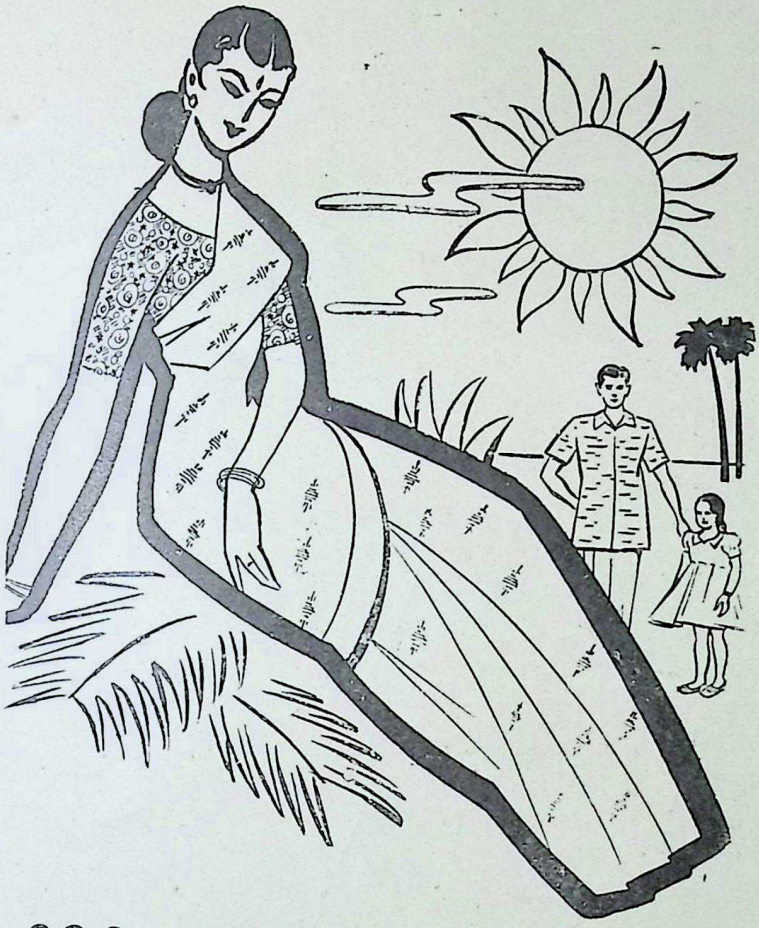

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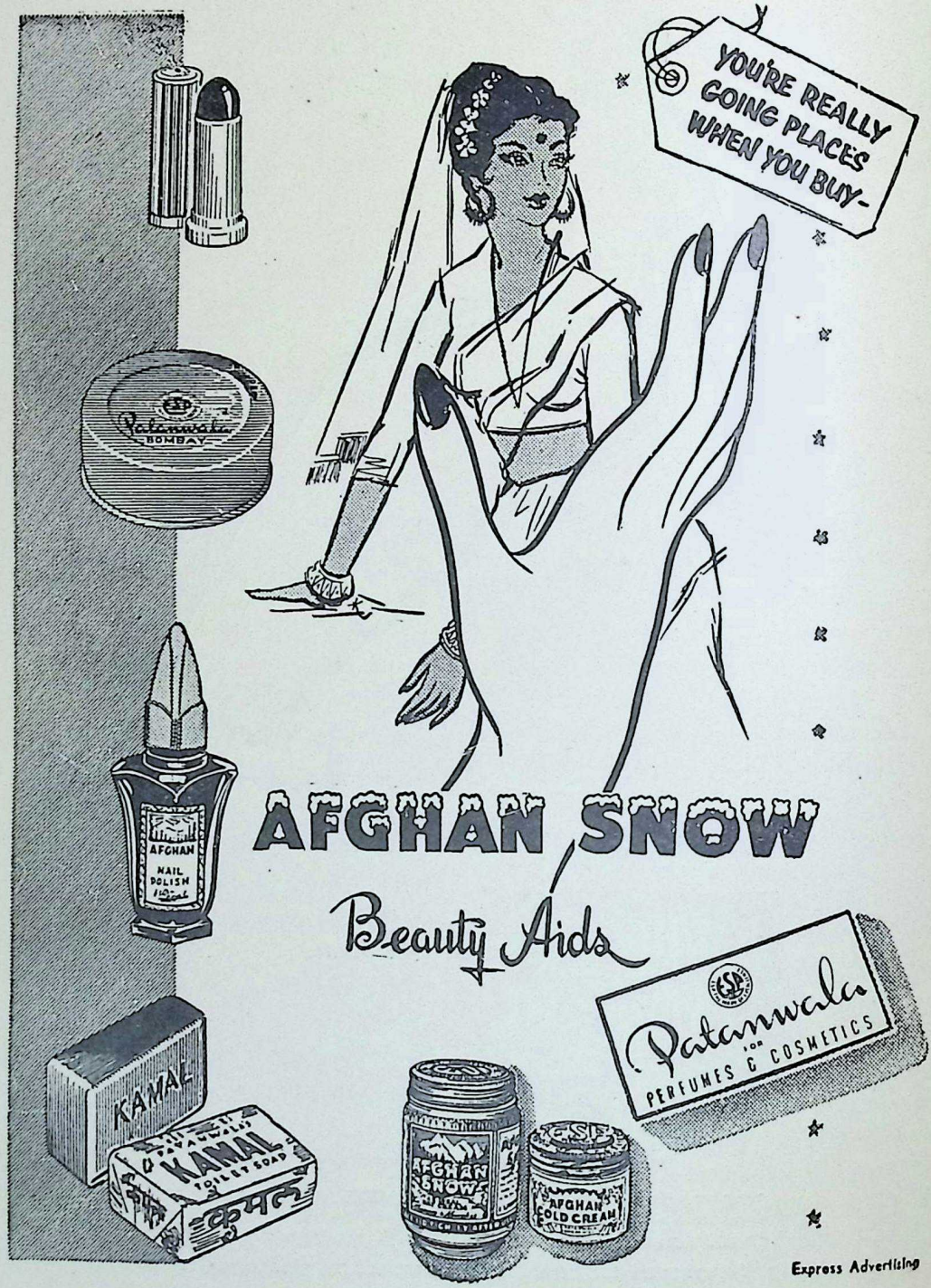

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THE ROLE OF PHARMACEUTICS IN AYURVEDIC RESEARCH

N. N. Sircar, *Pharmaceutical Technologist and Ayurvedic Research Worker*

Pharmaceutics, with its all round scientific implications, has a definite role to play in the furtherance of the Ayurvedic system of medicine.

Within the ambit of the word 'Pharmaceutics' comes two broad divisions of the subject, viz., (1) preparatory pharmacy and (2) Standardisation.

To one who is well informed it is known that though, basically, Ayurveda does not lack much in the matter of preparatory pharmacy but in the matter of Standardisation it definitely cannot claim to have done anything worthy till now.

A careful thought given to in the matter of progress of the modern medicine will reveal that at the root of its tremendous utilitarian success lies the march of pharmaceutics through the century. As a matter of fact pharmaceutics, with reference to the modern medicine, has attained such a big stature that it is now considered as a distinct branch of science rather than a small subject. Truly speaking, pharmaceutics, and for that matter, the trend of pharmacy, is playing all along, to a large extent, the role of a destiny-maker of the modern medicine.

A well informed reader will quite easily realise that as the influence of the pharmaceutical and chemical industry, through the ages, has produced a far-reaching effect in developing the official pharmacopœia of a country, similarly the pharmaceutical technologies, coming in the wake of medical industry, has also a great sway over the pharmacopœia and finally over the medicine itself. However, the central theme or the life force a pharmacopœia lies in the Standardisation of drugs and their preparations.

In the matter of Standardisation, as already stated, and also in the technological aspect of the preparatory pharmacy Ayurveda needs immediate attention. So any Ayurvedic research institute, worth its name, either in the offing or already

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established, must give prime consideration to these two matters.

So far as the preparatory pharmacy in Ayurveda is concerned it can be said that though basically it was quite rational in the days of yore it definitely requires a thorough reorientation in the present time.

In olden days, in the practice of Ayurveda, medicines were generally administered to the patient by the physician himself. In most of the instances medicinal applications were extemporaneously prepared. And in such cases the physician used to collect the herbs and drugs in fresh condition, and make some suitable preparations out of them, viz. fresh juice, infusion, decoction etc. and administered them to the patient himself. Gradually, due to the march of time, through the centralised human activities of more of a businesslike nature, this system had to yield place to a new one. Consequently collection and storage of medicinal ingredients and preparations thereof had to be kept ready, beforehand, for applications at times of need. This effort, automatically and gradually, brought in its train a development of a systematic handling of the subject which became the basis of pharmacy in later days.

No doubt in this aspect of the preparatory pharmacy and in the art and practice of it, Ayurveda developed various elaborate and extensive manuals through the ages.

But in other aspect of pharmacy, i.e. in the matter of Standardisation Ayurveda lags behind seriously. And it is due to this defect, which one possibly cannot gainsay, the merits of Ayurvedic therapeutics are often jeopardised. It is a common sense that the success or failure of a drug largely depends on its potency and the mode of administration. So to be sure about the potency of a drug or a medicinal preparation the question of Standardisation automatically comes into the scene.

Now what is standardisation ? Standardisation of drugs or medicines mainly entails three factors, viz. identity, purity and assay of the active constituents. So far as the identity is concerned it can be said that misidentification of drugs is rampant in Ayurveda. Not to speak of important drugs like *'Astavarga'*, *'Nagabala'* etc. but the common drugs like *'Brahmi'*, *'Punarnava'*, *'Dasamula'* etc. are very often misidentified. To assert this point reader's attention is drawn only to a few intances of misidentification brought out in the shape of articles by the present author and published from time to time, in Scienific journals (Vide : 'Science and Culture', Vol. VII, Aug. 1941 ; 'Indian Journal of Pharmacy', Vol. IV, Nos. 1 to 4, Vol. V, Nos. 2 and 3, etc.

Evidently, in the matter of identification the question naturally arises as to how Ayurvedic drugs can be correctly identifield ? In most of the cases the answer will be found in the proper expounding of the sanskrit names and their synonyms in the light of the ancient

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Hindu botany—'Vriksayurveda of Parasara'.1

For convenience in identification the authors of ancient Ayurvedic pharmacopoeia and materia medica had adopted two kinds of synonyms, viz., 1. synonyms with botanical significances (परिचयज्ञापिका संज्ञा) and 2. synonyms with therapeutic significances (गुणप्रकाशिका संज्ञा). Botanical synonyms had been framed according to the botany of Parasara. Without the knowledge of this botany the first group of synonyms, as mentioned above, cannot be deciphered. And consequently, the identity of a particular drug which one aims at with these synonyms will be totally frustrated.

The views expressed above may be explained by citing an example of a most common drug, viz., 'Kutaja' (कुटज: Kurchi : Holarrahena antidysenterica). The botanical description of 'Kutaja' has been beautifully delineated in a few words which are nothing but the synonyms as may be appreciated from the following sloka *Kutajo Mallikapuspah Kalingo Girimallika* (कुटजो मल्लिकापुष्पः कालिंगो गिरिमल्लिका) Ref : Dhanvantari and Madanapal Nighantu.

Here the authors follow the botany of Parasara. 'Kutaja' (कुटज)—the very name of the drug indicates that the habitat of the plant is a hilly tract (कुट—a hill, कुटज—that which grows on a hill).

Then the synonym '*Mallikapuspa*' (मल्लिकापुष्प) is meant for the botanical description of the flower which Kutaja,' plant bears. From the definition of '*Mallikapuspa*'2 only understandable to a botanist well versed in Vriksayurveda, it is quite apparent that Kutaja plant bears such flowers as are the characteristic only of the Apocynaceae family. According to modern botany Holarrhena antidysenterica belongs to Apocynaceae family. And here lies the significance of the drug 'Kutaja' having a synonym of '*Mallikapuspa*'.

Next in order, the synonym Kalinga (कालिंग) is a word which quite reasonably denotes that the plant '*Kutaja*' abounds in the land of (कलिंग)—the present Orissa (and Chhotanagpur etc.). It is actually found that Holarrhena antidysenterica i.e., Kutaja (Kurchi) abounds in plenty in the hills of Chhotanagpur and Orissa. Hence the synonym 'Kalinga' is quite significant.

Lastly, by the synonym "*Girimallika*" of the above sloka, the meaning of '*Kutaja*' and '*Mallikapuspa*' are brought out in

1. An introduction to Parasara's magnificent work 'Vriksayurveda'—a comprehensive botanical treatise—was published by the present author in the Journal of Asiatic Society of Bengal Vol. XVI, No. 1, 1950.

2. Definition of Mallikapuspa :—

मल्लिका कुण्डमण्डला संकुला गुच्छवल्लरिः ।
अरापत्रपंक्तिका वा समांगा पुष्पगणीया ॥
जालकं युक्तकर्णं च पञ्च भवन्ति तत्र वै ।
पञ्चयुक्तं दलंचैव केशरपञ्चभिः सह ॥
वराटद्वययुक्ताच युग्मफला भवेच्चसा ।
सक्षीरा बहुबीजा वा तुलपुच्छसमन्विता ॥

(Ref. Vriksayurved, Puspanga Sutriya, Veejotpatti-kanda)

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a combined form—signifying that *'Kutaja'* must be a plant of the family of *Mallika-puspa* (Cf. Apocynaceae N. O. which abounds mostly in hilly tracts (*'Kuta'* and *'Giri'* signifying the same—meaning a hill).

In this connection it may be noted here, that the necessity of a sound knowledge of botany, specially of the systematic botany, is a part and parcel of a sound knowledge in pharmacopoeia was also felt by the ancient Indian medical authorities. Thus we find Rishi Parasara distinguished himself as a botanist in a group of six most celebrated disciples of Atreya. (The colleaguehood consisting of Agnivesa, Bhela, Jatukarna, Parasara, Harita and Ksarapani[1]).

According to the dictum of Charaka a botanist (उद्भिद्) must also have a proficiency in therapeutics as well. From this one can realise that the subject of botany was the hand-maid of therapeuties in ancient Indian medicine.

However, so much has been said in connection with the identification of drugs only to impress upon the reader about the importance of the ancient Hindu botany in dealing with the subject properly[2].

1. Interested reader is particularly requested to refer the article "Identification of indigenous drugs" in the 'Indian Journal of Pharmacy' Vol. 5, No. 3, 1943

2. अग्निवेशश्च भेलश्च जतुकर्णपराशरः।
हारितः क्षारपाणिश्च जगृहस्तन्मुनेर्वचः।

Charaka, Sutra, Chp. I.

When the identity of a drug is established, macroscopically, and wherever possible microscopically also, the question of purity comes next in order. It deals with the problem as to what extent a drug is intentionally or unintentionally admixed with foreign substance or substances. As a scientific Pharmacopœia lays down certain limit of impurity or foreign substance, in drugs and medicines, similarly a standard Ayurvedic Pharmacopoeia should fix up such limits as that would not seriously affect the potency or therapeutic effect of a drug.

In the matter of standardisation of drugs and medicines—never thought of in the present-day Ayurveda—assay of active therapeutic principles makes a most important consideration for the perfection of Ayurvedic pharmacy.

According to the modern pharmaceutics, assay of drugs rests on three factors, viz., chemical, biochemical, and biological assessments. Strictly speaking, assay of Ayurvedic drugs solely basing on these factors and the techniques adopted thereof, will not always fulfil the aim of Ayurvedic principles of pharmacology or therapeutics. Because, according to this principle, therapeutics or pharmacology of a drug or medicine rests on the perfect harmonious relation or co-ordination between the theories of 'Tridosa' on the one hand and that of 'Rasa-Guna-Virya-Vipaka-Prabhava' attributes of matter or 'Dravyas' on the other hand.

Obviously, to develop a methodology or special technique to assay Ayurvedic

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drugs on the basis of this relationship is a matter of research having a bearing mostly on the biological order of discipline of the science.

In this connection it may be said here that basically drugs have got two aspects of being biochemical and biophysical. Of the pentad Rasa-Guna-Virya-Vipaka-and Prabhava—the Rasa and Vipaka attributes concern the dynamics of biochemical aspects of 'Dravyas' (i.e., Drugs). Whereas Gunas and Viryas take charge of the dynamics of biophysical aspects of them, the remaining entity of the pentad, i.e., 'Prabhava' is a special attribute of matter that exerts its therapeutic action by producing effects, rather speedily, either with biochemical or biophysical manifestations on the human body in disease and health alike.

So, from what has been said above it is now quite understandable that assay of the intrinsic therapeutic value of an Ayurvedic drug is not an easy job that can be accomplished within the four walls of a chemical laboratory, solely under the outlook of mechanistic or inanimate approach.

However, till that time a proper methodology, according to the principles of Ayurveda as explained above, is developed for the standardisation of medicine, certain chemical criteria, say, alkaloids. glycocides, tannins, essential oils, sugars, resins, fatty constituents, metallic radicals etc. may be arbitrarily fixed up for assay purpose.

Such procedure being scientifically developed will pave the way to general acceptance of the standard of medicines. The adoption of chemical criterion as a basis of standard for Ayurvedic medicine is wanted purely, and only arbitrarily accepted as stated above, for checking up the genuinity and purity of medicines, though it is true that such chemical or physical standards may not always represent the therapeutic value from the Ayurvedic point of view. For, it has been already stated that the merit of a medicine solely depends on the pharmaco-dynamics of Rasa-Guna-Virya-Vipaka-Prabhava that ultimately aggravates or attenuates the 'Dosas', viz. 'Vata', 'Pitta' and 'Kapha' for the cure of disease by restoring them to their normal balance in the body.

Truly speaking, the intrinsic therapeutic value of a drug acts only through the biological mechanisms of 'Rasa-Guna-Virya-Vipaka-Prabhava attributes of matter only to correct the deranged 'Tridosa' set-up in the diseased human body. In this 'Tridosa' set-up 'Kapha Dhatu' represents the organic entity and 'Vata' and 'Pitta' represent the functional counterpart of that organic body. Again through the import of this very biological mechanism of 'Rasa-Guna-Virya-Vipaka-Prabhava attributes of matter the body maintains health by maintaing an equillibrium between the 'Kapha Dhatu' on the one hand and 'Vata' and 'Pitta' on the other hand. Any abnormality in the balance of force between these two entities results in producing a physiological upset which is in technical terms called the pathology of disease. Thus, it is quite evident that one

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and the same biological mechanism of 'Rasa-Guna-Virya-Vipaka-Prabhava' holds good both in health and disease, but in different level and association of individual attributes (viz. Rasa-Guna, etc.) as required either to continue to maintain the balance amongst the 'Vata', 'Pitta' and 'Kapha' or to rectify their imbalance as produced in a disease.

Anyway, by taking recourse to applied researches on Ayurvedic Pharmacy, on the line suggested above preparation of a good scientific Ayurvedic pharmacopœia, which the system lacks very badly, will eventually be possible. For this purpose to begin with, only some selected drugs and preparations, representing important 'Rogadhikaras' (clinical basis) are to be taken up for systematic chemical, physical and wherever possible biological studies. In such studies, definitely, a correlation will ultimately be found between the biochemical constituents of drugs on the one hand and their pharmaco-dynamics of 'Rasa-Guna-Virya-Vipaka-Prabhava' attributes on the other.

Obviously, applied researches in Ayurveda come under two heads, viz. (1) Pharmaceutical and (2) Clinical Studies. Again pharmaceutical Research mainly involves two factors, viz, (1) pharmacognotic studies i.e., botanical and chemical evaluation leading to correct identity and standards of drugs, (2) process improvement by developing improved methods and technologies for scientific, economic and hygienic manipulation including packaging—leading to better potency and stability of preparations.

While for the former a well equipped biochemical laboratory is a necessity, for the latter a well equipped pilot plant manufactory is essential. Pilot plant manufactory should be equipped with steam-jacketed cooking pans, vacuum evaporators, juice extractors, homoginisers, fitter press, macerators, percolators, pulverises, disintegrators, fermentors (with temperature, pressure and air control), tablet compressors, drying cabinets, granulators etc.

In the standardisation laboratory all individual ingredients (drugs) are to be first tested for their identity, and then for the standard of chemical constituents. Standards of drugs, of various origins or sources, are to be set up in this laboratory, by analysing a number of authentic samples and accepting their average values as the standard.

Medicinal preparations are to be made, by using only the tested and passed samples, in the pilot plant manufactory and their standards evaluated in the standardisation laboratory.

If clinical studies are performed by using standardised drugs and preparations their results will definitely reveal a gulf of difference between such standardised products as mentioned above and the unstandardised ones of the market.

Regarding manufacture, it can be asserted that by the application of modern pharmaceutical machineries the quality and standards of medicines can always be maintained at an equal level. This is possible because all the manufacturing operations can be performed under con-

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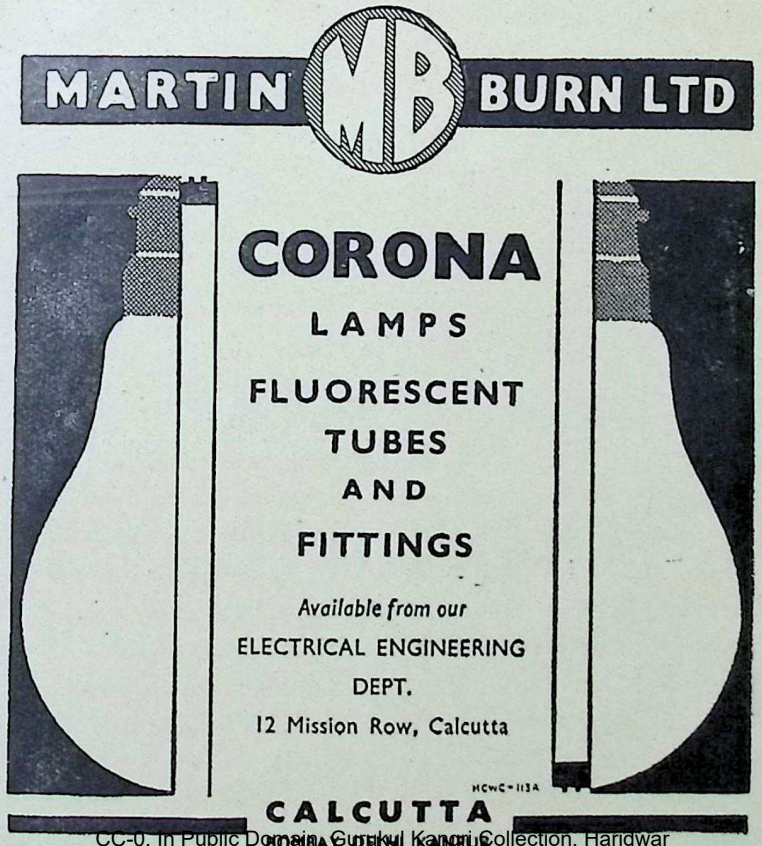
trolled conditions right upto the end of the process.

In this connection it may be mentioned here that mass production of *standardised* medicine is definitely needed for the propagation and practice of Ayurveda. Without such undertaking practice of Ayurveda can neither be encouraged amongst the practitioners nor popularised amongst the sophisticated public.

In a nutshell it can be put and said that for all round appeal and re-establishment of Ayurveda its pharmacy must be renovated by the application of science and technologies for the manufacture of standardised medicine. This is one of the sure ways to *resuscitate* Ayurveda and to make it suitable for modern time. For the experience, observation and rationalisation, by the author, it can be asserted that application of science and technologies, judiciously planned and effected, will never go against any principles of Ayurveda.



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DOGMA AND HEALING

Ubhayanwayee

If to heal is to restore to health and if health is that indefinable, or, at most, vaguely definable something which signifies a more or less complete physical and mental 'well-being', it would be conceded as pertinent to raise the question whether it would be justifiable to have any dogma about the utility and the efficacy of the method employed in bringing about healing, when every day we find advances being made in the more mundane practices of this noble art. The more philosophically minded have always tended to recognise that

"...Life in its many and varied aspects has a strictly limited habitat. There is no adequate evidence for believing that it can be supported anywhere beyond the surface of the earth, some few miles of the atmosphere surrounding it, and a limited depth in the seas—a thin enough slice in universal space. So, too, with its extent in time. By human standards life has an astronomical age, but in relation to the existence of the inanimate it is very recent. To the cosmic historian life would probably be little more than the subject of a paragraph in the voluminous history of the carbon atom.

...The limitations on the existence of life in space and time indicate how narrow is the range of environmental conditions under which life can function. This range is still further narrowed by the fact that working conditions and optimum conditions are not identical and that different forms of organized life have different optimum conditions.

...Optimum conditions are of course no more a static entity than is anything else in a world of flux and change. The very mechanism of evolution is dependent upon constant changes in optimum conditions and their effect on living organisms. Health considered as an inherent attribute of an organism therefore postulates the impossible : *a self-sufficient living entity*. Health can be conceived only as that state in which a living organism is balanced within itself (internal balance) and in relation to the outer world (external balance).

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All this makes a stuffy jargon which does not evoke easy responses in the minds of the doctors: And no wonder. In their supercilious attitude toward disease (Haven't we conquered plague, cholera, dysenteries? Haven't we given artificial aids and organs which marvellously replace the original impaired organ or limb? Haven't we surgically established new anastomoses and collateral circulations?) Doctors have tended to forget that the archaic meaning of the word 'doctor' is not the one that is applicable to them so much as the popular meaning. A little introspection would reveal that the root meaning of the word which indicates adulterating or 'tampering with' could also be said to describe some of their efforts in the art of healing. The uses of the synthetic sulphanamides or 'sulpha' drugs and the antibiotics, have quite often proved to be *abuses*.

Does the history of medicine justify any such attitude towards the art of healing? Copernicus, the founder of modern astronomy, studied medicine at the University of Padua *not* because he wanted to be a medical practitioner (indeed, he does not appear to have taken any medical degree), but because in those days it was thought quite fitting that a churchaman should know something about the art of healing, so as to be able to minister to the physical as well as the spiritual needs of his flock. "Otherwise, there was no skilled medical aid for the sick. There were only quacks and charlatans. Medicine was then largely taught out of books. There were rules written by the Greek physician Hippocrates in the fifth century B.C.; and there were the writings of the Roman physician Galen, of the second century A.D. and of Avicenna, the Arab chemist and medico of the eleventh century, with other lesser authorities". Yet, "it is hard to realize that in his lifetime, Copernicus was more highly thought of and perhaps better known, as a medical man than as an astronomer. And this, inspite of, or (perhaps) because of, the fact that he blindly swallowed the opinions of his time on medical matters. Yet in those days both the theory and practice of Medicine were almost unbelievably crude and backward and far more in need of reform than astronomy".... "...Even such an important fact as the circulation of the blood was not discovered until about a century later...There was no idea of basing treatment even upon what was supposed to be known about the human frame. —A surprising assortment of materials—goat's blood, stewed bats. ground-up horns of animals, the lungs of vipers, spiders' webs, and barks, powdered jewels, and other even less appetizing ingredients were used as medicines! The body was scarcely regarded as a whole!—Even this treatment was restricted by all sorts of astrological rules, because of the supposed connection between the signs of the Zodiac and the several parts of the body or the seasons of human life!

Charles Darwin, son and grandson of a physician, gave up his original idea of becoming a doctor, and, it is curious to

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reflect, the world had nearly missed the greatest and most important generalization in the field of biology. Captain Fitzroy of H.M.S. Beagle having developed a dislike for the shape of his nose, which nearly prevented his presence on the surveying voyage of the ship, as a naturalist, which would doubtless have prevented him from making his studies during the next five years and there would not have been any notes from Darwin "On Transmutation of Species" ! Darwin is now credited with the first full proof of evolution and the demonstration that it could be explained by 'natural' law without any super-natural or mystical terms being used. Let us remember, also, that he is said to have first succeeded in tying together the scattered facts of his science with the magic force of a single idea and so at one stroke organizing them into a comprehensible whole. Yet, writes Huxley "...his views and indeed the whole subject, are still mis-represented. It only shows how the wish can be father to the thought and to what a degree, where emotional resistance is involved, it can warp the judgement and contaminate the pure intellect".

Lousis Pasteur who finally disproved the 'theory' of spontaneous generation, was not, in his day, without his share of opposition from the accredited representatives of the medical profession. The originator of the 'germ theory' of diseases, which was, until at least, very recently, thought to be the cause of a majority of human ailments, wrote (how often have we tended to forget it !) about the germs..." If it is a terrifying thought that life is at the mercy of the multiplication of these minute bodies, it is a consoling hope that Science will not always remain powerless before such enemies, since for example at the very beginning of the study we find that simple exposure to air is sufficient to destroy them..." Is it not paradoxical that while the orthodox doctors of the day ridiculed Pasteur's 'immunization' experiments and hated him, we of the present generation equally vehemently ridicule those who dare to suggest that 'germs' are not the 'ultimate' cause of diseases but can create disease when the 'internal balance' is defective ?

And we have the discoveries of the great Indian scientist, Sir Jagdish Chandra Bose, who demonstrated that the 'living' muscle of a frog, or leaf of a tree exhibited almost the same properties of fatigue and even, sensitivity, as a piece of inanimate metal. We have the hitherto unexplained mysteries of hypnotic cures, faith cures and the cures brought about in different disease by the different systems of treatment. Actually, to the initiated, as we doctors claim to be, it should appear a primary task to find out the essential 'truth' at the bottom of this diversity. Does it do us any great credit to applaud a Copernicus because he swallowed the opinions of his time on medical matter, to first condemn and then recognise a Pasteur who tried to say something which was not of the kind of shouting with the crowd and to persist in refusing to study any other method of 'healing' which does

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not postulate principles which we have (often temporarily) embraced as our own? We condemned people for not knowing their anatomy while we continued treating psycho-somatic diseases as purely somatic ones because we did not know much about the psyche in relation to the 'soma', and still called it a scientic approach!

Let the readers re-read the most modern concept of disease given in the opening paragraphs. Then it would interest them to know that India possesses the heritage of a system which has as its basic principles the same advanced concepts of an internal balance, which has to maintain itself in relation to the outer balance. It would be a good beginning to learn the high ideals of professional integrity which the followers of this system had to practise :—

"Even a deadly poison, if used judiciously, could prove a useful medicinal drug and the most beneficent drug would be turned into a poison by misuse. Therefore, those who desire to live a healthy life should never accept any potion administered by a quack—It is better to have been struck by a deadly weapon of God than to take medicines administered by an ignorant physician—The physician should not administer a medicine without knowing its full effects—Even a conversation with a physician who has forgotten his duties and thus turned into Death itself and administered any medicine without full knowledge thereof, to a patient who is afflicted and bed-ridden and has faith in his physician, would be a passport to Hell for any person..."

—*(Charaka)*

What was their concept of disease? Beginning a Text-Book the author (Physician) sings a prayer to THE Physician (GOD) who "completely cures such natural diseases as love and hate, which afflicted both the mind and the body in all sorts of life, and created the undue curiosities, illegitimate desires or aversions, (and not only the temporary and transient diseases like fevers, etc.) and WHO was thus a Physician before any other physician was ever born, the Supreme Physician!

And what was the concept of Creation of which the human patient was himself merely a speck?

"The origin of the entire manifest world is AVYAKTA (unmanifest) which through the processes of Knowledge, Devolution, and Energy—through the eight stages—is the primary cause of the entire created world ...it naturally is the cause of all life and creation—Life of divers varieties manifests itself through this cration from AVYAKTA alone just as the Sea is the source of Manifestation of all 'water-varieties'!"

We all learned in our elementary Ecludian Geometry that the three angles of a triangle together always formed a sum of two right angles. It has generally not occurred to us to enquire how the angles of a small triangle could add up to the same sum as that of a very big triangle. Today the limitations of application of the Euclidian Geometry are well-recognised Yet we do not question the old enuncia-

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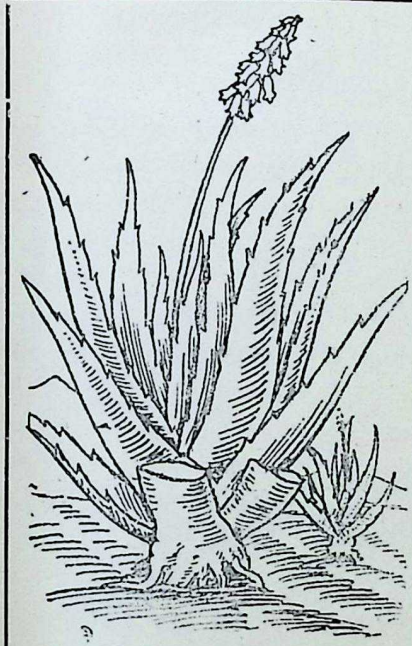
tion. Would it not be equally correct to try to understand how and why thousands of years before Hippocrates and Aristotle were born and Albert Einstein had the conception of defining all problems of the manifest universe by simple equations some of our old scientists postulated the doctrines

(1) All Creation is from one source.
(2) Infinitesimal 'mind' and 'reason' have both an individual and cosmic character.
(3) Animate and Inanimate things have only a difference of amount of frozen or creative energy in them but the difference is only of quantity, not quality.
(4) Life is endowed with special specks of matter (Indriya) which gives it special powers of reactions to the environment.
(5) Just as the Moon, Sun and Motion representing the freezing, transforming and motion energies in the created universe, so also they are represented in the body by the Kapha, Pitta and Vata.



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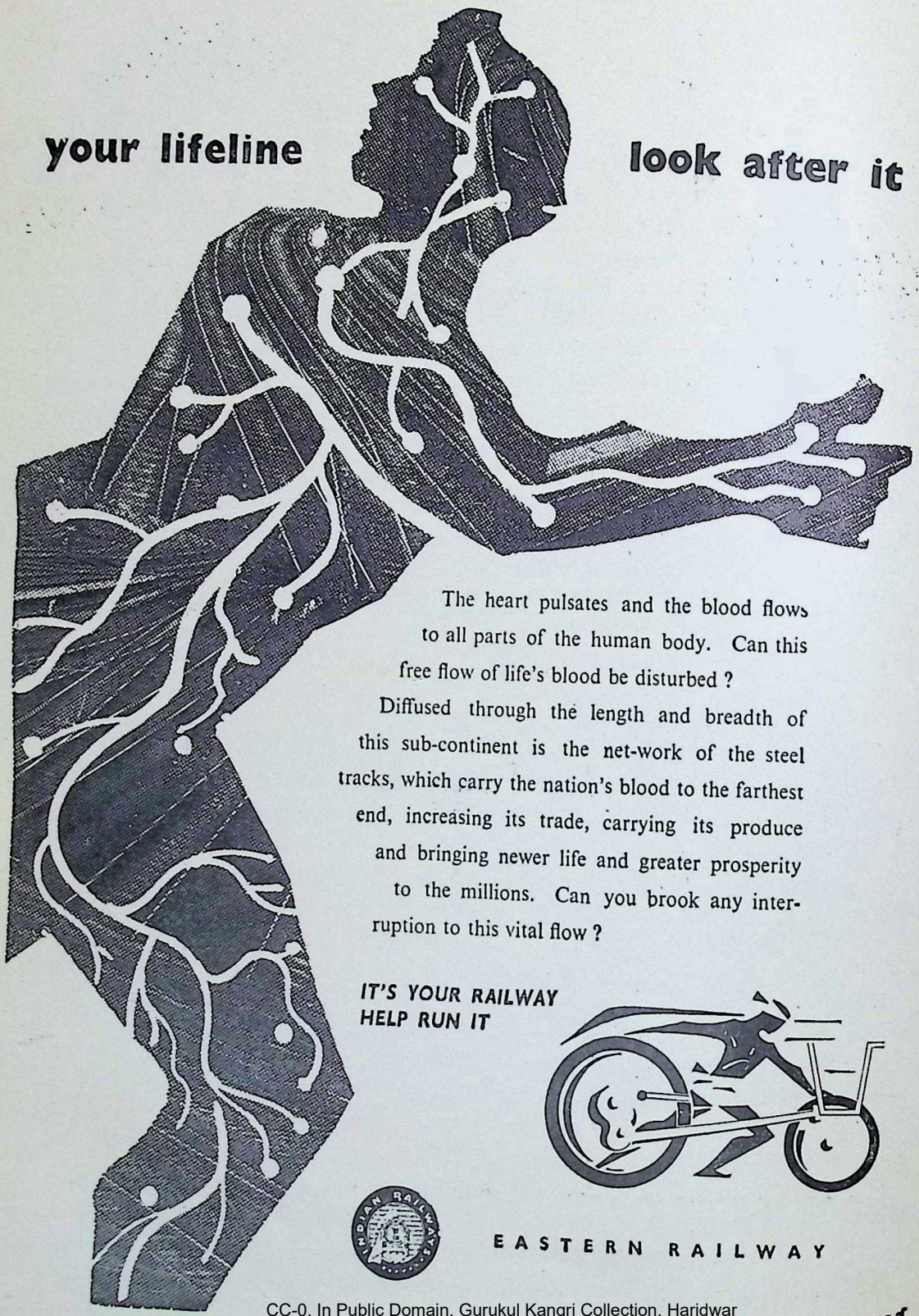

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KAVIRAJ GANGADHAR ROY KAVIRTNA—VII

Dr. P. Chatterjee, *M.A., D.Sc.*

Contemporaries of Gangadhar

Gangadhar was a mighty oak in the midst of the shrubs of his countrymen during his lifetime. He had to fight with men having the richest possible culture of the time. Iswar Chandra Vidyasagar, the most famous Sanskrit scholar of the day, was his arch enemy as Gangadhar belonged to the orthodox school of thinking and was greatly opposed to the thoughts of Vidyasagar in respect of social reforms. Gangadhar wrote two famous books viz. 'Bidhaba Vibaha Pratishedh' and 'Bahu Vibaha Nirodhe', in which he criticised the views of Vidyasagar very vehemently by quoting his experiences from the six schools of Hindu Philosophy and especially from the Smritishastras of the Hindus of which he was a perfect master. But at the fag end of his life there was a reconciliation between him and Vidyasagar, through the intervention of Late Kaviraj Ramanath Sen of Bow Bazar fame. He was a great friend of Vidyasagar and was also very friendly to Gangadhar Roy. During his lifetime, there were very famous Ayurvedic practitioners in different parts of Bengal, especially in Calcutta. "Sashi-Suradhuni-Jetreen" of Kaviraj Ramchandra Vidyabinode, were the three most outstanding contemporary practitioners of Gangadhar, of whom Sashi was Chandra Kishore Sen of the famous C. K. Sen and Co., Suradhuni was the famous Gangaprosad Sen of Kumartuli fame—the physician of my forefather Late Ramkrishna Paramhansadev of Dakshineswar Temple ; and Jetreen was Mahamohopadhya Bijoyratna Sen of Kumartuli. And Ramchandra Vidyavinode, the composer of the famous sloka, of which "Sashi-Suradhuni-Jetreen" is a part, namely,

"प्रतनु लवभगाधज्ञानतोऽवाप्य येषां शशिसुरधूनीजेतृन
त्रीन्गुरून् तान् प्रनम्य जनगणहितकामो ग्रन्थमेतं
करोमि ।"

There was Ramanath Sen of Bow Bazar Street, who was a great friend of Iswar Chandra Vidyasagar and was a Suddhvaidya of a very high fame. He was a prescriber of herbal decoctions. It is said that he could cure all the diseases by prescribing

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decoctions at a very small cost. During his lifetime Nebutolla in Calcutta was the centre-place of a large number of shops belonging to the Pachan sellers. Ramanath had a very good practice and many people used to flock to his doors from very early in the morning and blockaded the street, namely, Nebutolla Street, which is now known as Sashi Bhusan Dey Street, by bullock carts and hackney carriages, the available vehicles of that time. He had a large number of houses in the lane, now known as Ramanath Kaviraj Lane, where he housed his patients who used to come from a great distance. Ramanath was a very kind-hearted man. He used to give shelter in his house to a large number of poor but intelligent students. When Vidyasagar was the Principal of the Calcutta Sanskrit College, Kaviraj Ramanath used to feed and give shelter to a large number of students reading in the Calcutta Sanskrit College. Of the many disciples of Ramanath, one is remembered still now, namely, Mahananda Kaviraj of Nebutolla fame. Mahananda was not so much educated like his preceptor Ramanath, but he had a good Hatjash (a skilful hand—a very good practice). Up to the first quarter of the 20th century, Mahananda kept alive the noble traditions of his famous preceptor Ramanath Sen of immortal memory.

Kaviraj Chandra Kishore Sen hailed from the District of Burdwan. He followed in his treatment the line of treatment obtained in Srikhanda, a tract of land now representing Kalna Subdivision at the eastern part of the District of Burdwan, where Sree Chaitanya, the famous teacher of Prem Dharma—the cult of Bhakti and Love—spent a part of his time with his selfless disciples. In Srikhanda, there kinds of Hindu culture prevailed : one was the cult of Vaishnava literature ; Kaviraj Krishnadas Goswami who wrote the famous book "Chaitanya Charitamrtita" hails from Srikhanda. Sree Chaitanya with his disciples traversed the whole of Srikhanda and sang the holy songs of Krishna Kirtan and flooded the whole tract with the faith of Vaishnavism. Kaviraj Gobindadas of Padabali fame was also an inhabitant of Srikhanda. Many great Sanskrit scholars who have enriched Sanskrit literature by their masterly composition belonged to this tract of Srikhanda. Srikhanda is also famous for its Ayurvedic learning. It has got a speciality of its own and a separate line of treatment which is known to the Vaidyas belonging to Srikhanda. They are Suddha-Ayurvedites, mostly following the cult propounded by the School of Atreya Punarbasu. But in time they adopted Rasachikitsa, i.e., treatment by metallic medicines, when Chakrapani introduced it in his famous Charak Samhita and brought about a reconciliation between the school of Atreya Punarbasu and the school of Rasavaidyas.

Srikhanda is also famous for producing Vaishnava poets as has already been said and also has Kirtaniyas or singers of love-songs of Radha and Krishna. In fact, people belonging to this part of land, namely, Srikhanda, are more or less poetic

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in their tendency. The Kirtan songs of Mathur, Uttar-gostha Purbaraga and Maharasha, sung by late Rasikdas, Premdas, Radha Shyam Das, Nanda Dulal Das Nalin-Pulin Goswami, Abadhouta Bandopadhyaya and others are really enchanting in character. The minds of the people of Srikhanda are greatly iufluenced by these Kirtan singers. Kaviraj Chandra Kishore Sen possessed to a great extent the cultural attainments of Srikhanda. He was a great lover of the devotional songs of Sri Krishna as well as the Vaishnava literature. He was also a great scholar of Sanskrit and a famous Ayurvedist in the truest sense of the term. He established a very great practice in Calcutta and succeeded in establishing the famous firm, namely, Messrs C. K. Sen and Co. His two sons, Upendranath Sen and Devendranath Sen, helped him greatly in the matter of propagating the Ayurvedic medicines in those early days of British supremacy when western chemical productions began to be introduced in a large quantity in the markets of India. The different productions of M/s. C. K. Sen and Co. played a great part in arresting the progress of the chemical productions of the western system of medicine. But for the medical productions of M/s C. K. Sen and Co., the whole of Ayurvedic India would have been inundated by the influx of the medical productions of the western countries, as it has been the case now-a-days. The Ayurvedic world is indebted to Kaviraj Chandra Kishore Sen for his publication of the Ayurvedic works and especially the Commentary of Jalpakalpataru on Charak Samhita, written by Kaviraj Gangadhar Roy. Only one edition of this book was published by Kaviraj Gangadhar Roy during his lifetime and it was not reprinted after his death by anybody. But for the capital expenditure of M/s C. K. Sen and Co., the famous Jalpakalpataru Commentary of Gangadhar, consisting of about one lakh of lines in Classical Sanskrit, would not have been available to the readers of the Ayurveda and the Ayurvedic students of modern India. Chandra Kishore was a Suddha-Ayurvedist and was a true follower of the dictum of Ayurveda namely,

कुचेलः कर्कशः स्तब्धो ग्रामीणः स्वयमागतः।
पञ्चवैद्या न पूज्यन्ते धन्वन्तरिः समा यदि॥

That is, he belived in the fact that a Vaidya is never respected if he comes to the house of the patient of his own accord, that is, if he makes advertisement of his own ability and knowledge in the medical science. When the sons of Kaviraj Chandrakishore Sen published a newspaper of the name of "Hitabadi", in which the productions of the Company were largely advertised, he objected to it and rebuked his sons Upendranath and Devendranath for making publicity of his name as that was tantamounting to the restriction, namely, Shwayamagata, that is, coming of its own accord to the people. I have come to know of this story from Shree Dada Thakur alias Saratchandra Pandit of Murshidabad fame, who is a great friend and well-wisher of the family and has a

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great respect for Kaviraj Chandrakishore Sen, who was like an ancient physician of India reluctant to advertise the news of his productions and his ability. In the then Calcutta, that is about 50 years back, Chandrakishore was the richest man. So, readers will be able to guess the amount of wealth he earned by his practice as an Ayurvedic physician and the influence that he exerted upon his people and the respect he commanded.

Gangaprosad Sen of Kumartuli, was another contemporary of Kaviraj Gangadhar Roy. Gangaprosad Sen was none the less important a personality than Gangadhar in respect of popularity and fame. Of course, he was not so learned and scholarly like Gangadhar. But he earned immensely by his practice and possessed very many good qualities which adorn a human being. He had a 'tole' in his house where a large number of students read. He used to give them free board and lodging. He had a particular Dhara or line of treatment of his own. He was an East Bengal man and combined in himself the line of treatment current in the physicians of Sabhar and Matta—where two classes of famous physicians—one class capable of preparing very effective and genuine medicines and the other class capable of diagnosing and prescribing medicines, flourished. The Kavirajas of Sabhar were noted for their capabilities of preparing genuine medicines whereas Kavirajas of Matta were famous for their capacity for diagnosing diseases and prescribing proper medicines. The line of treatment followed by Gangaprosad also had some originality of its own. It was very difficult in those days for students belonging to the non-vaidya community to be able to have an access into the "tole" belonging to the caste vaidyas. Kaviraj Ramchandra Vidyabinode was a Kayastha by caste. He tried to get into the "tole" of Gangaprosad but he could not do so, because of his caste. He concealed his own caste and posed himself as the son of a Vaidya and entered into Gangaprosad's "tole" and became a very favourite student of his because of his intelligence and superior knowledge of Sanskrit language. He lived in his "tole" for some years and mastered the line of treatment followed by Gangaprosad. He then went to the "tole" of Kaviraj Chandrakishore Sen and studied with him for several years and also mastered the line of treatment followed by the Srikhanda Kavirajas and last of all he came to the 'tole' of Mahamahopadhyaya Kaviraj Bijoyratna Sen and lived with him for some years and mastered also the line of treatment followed by him. But none of his three Gurus could ever think that he did not belong to the Vaidya caste and all of them were very much satisfied with with him because of his intelligence, spirit of service and regard for his preceptors. Ramchandra became a very famous Kaviraj. He had his dispensary on that particular place where the residence of the famous Booksellers and Publishers M/s Gurudas Chatterjee and Sons, stands. He practised for 14 years only and within this short period he was able to buy

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seven houses in Calcutta. He wrote a book of the name of "Ayurved Shopan" in the dedication slip of which he wrote the famous Sloka of which we have spoken before. He was Gangaprosad's most favourite disciple and it is through him that we have come to know of the line of treatment followed by the three great contemporaries of Gangadhar, namely, Gangaprosad, Chandrakishore and Mahamahopadhyaya Bijoyratna Sen. Gangaprosad published an Ayurvedic monthly magazine. It ran for some years and then ceased. Gangaprosad's name has been famous for his being able to bring up his nephew Mahamahopadhyaya Kaviraj Bijoyratna Sen. Bijoyratna came to Calcutta from East Bengal as an orphan. He learnt Sanskrit and Ayurveda in the "tole" of his maternal uncle Kaviraj Ganga Prosad Sen. Bijoyratna's precocity attracted the attention of his maternal uncle, who was at that time the leading Ayurvedic physician in Calcutta. While he was below twenty, Bijoyratna mastered the whole of Sanskrit learning and Ayurveda as well and began to practise independently and was able to build up a practice extending over almost every class of people. Many European patients had been treated by him with great success. Allopathy could not make much headway during the lifetime of Bijoyratna. A very high Government official of the then Bengal was suffering from paralysis of his tongue and was unable to speak for a long time. The Military doctors and surgeons of the then India could not cure him. He then came to Bijoyratna, who quickly cured him and the patient was able to speak. This fact increased the fame of Bijoyratna so much that the Government was pleased to confer upon him the title of Mahamahopadhyaya, the highest distinction that a Sanskrit scholar could aspire to attain in British India. Bijoyratna died at a very early age. He thought of founding the Astanga Ayurveda College, but he could not live to see the fulfilment of his desire ; and his worthy disciple Kaviraj Jamini Bhusan Roy translated into action the dream of his noble preceptor, who, it is said, even wanted to bequeath a lakh of rupees for the construction and maintenance of the said Astanga Ayurveda College.

Thus we see that the contemporaries of Gangadhar were very powerful people and it was not an easy task on the part of Gangadhar to be able to establish his position as a physician of merit in the face of stalwarts of the day.

Family History of Gangadhar

The family history of Gangadhar is very pathetic. His wife died when he was only forty years old. He had only one son by her, whose name was Kaviraj Dharani Dhar Roy. Gangadhar did not marry a second time. He left his son to the care of a maid-servant, who brought him up as his own mother. Thus Gangadhar was able to devote himself wholeheartedly to the reading and writing of Ayurveda. He read and wrote Ayurveda continuously for forty years without any disturbance of family affairs, and in fact wrote

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the following 76 books. And in this respect, his activities can only the compared with those of Veda-Vyash, Shakespeare, Rabindra Nath Tagore and Bernard Shaw.

1. Jalpakalpataru Commentary of Charak
2. Ayurved Paribhasa
3. Bhaisajya Ramayanam
4. Agneya Ayurveda
5. Nariparikshа
6. Rajaballabhya Drabyaguna Vibriti
7. Bhaskaradaya
8. Mritunjaya Samhita
9. Arogya Stotram
10. Prayoga Chandrodaya
11. Ayurveda Sangraha
12. Nirvansar
13. Mahanirvan Tantram
14. Koumar Vyakaranam
15. Tripath Vyakaranam
16. Mugdhabodh Mahabritti
17. Paniniya Bartikam
18. Dosha Sandarsani
19. Sabdasaktiprabha
20. Dhatupath
21. Badartha
22. Lokalaka Purushiya Mahakavyam
23. Srikhandi Pradurbhabam
24. Tarabati Swayambar Mahanatakam
25. Souriswar Charita Mahakavyam
26. Durgabodha Mahakavyam
27. Saptakavyam
28. Satyo-Upakhyanam
29. Chhandamaro Britti
30. Kaibyalakshanam Britti
31. Chhanda Anushasanam
32. Pingalotika
33. Agneya Alankara Shiksha
34. Promad Bhanjanatika on Manu Samhita
35. Tika on Parashara Samhita
36. Smriti Setu
37. Dayabhaga
38. Baidha Himshadi Niramaya
39. Dharmanushashanam
40. Tika on Vishnupuranam
41. Misropanishad Bakhya
42. Taittiriya Upanishad Bakhya
43. Chhandgoya Upanishad Bakshya
44. Mandukya Upanishad Bakshya
45. Prasnopanishad Bakshya
46. Baja Seniya Upanishad Bakshya
47. Kaiballa Upanishad Bakshya
48. Sat Siddhanta
49. Vedanta Sarbbaswa
50. Brahma Vidyamritam
51. Sharirak Sutrabartikam
52. Bastu Nirnaya
53. Pancha Pushpanjali
54. Tatta Dibakarah
55. Sanskarabad
56. Shyankha Vatshyana
57. Patanjala Vatshyana
58. Goutamiya Vatshyana Britti
59. Kusumanjali Tika
60. Vedanta Vatshyana
61. Baisheshika Vatshyana
62. Kala Vijnan
63. Trikanda Sabda Shasanam
64. Jagannatha Staba
65. Samsara Sambaranam
66. Katyanabartikam
67. Gayatri Bakshya
68. Shiddhanta Sakatastabaraja
69. Ramgita Bakshya
70. Ananda Tarangini Staba
71. Nabagraha Stotram
72. Lipibarna Vignaniyam

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73. Santi-kantiko Bakshyabodha
74. Bhagbata Bichara
75. Mahimnastava Bakshya
76. Bidhaba Vibaha Pratisheda and Buhu-vibah Nirodha

Such was Gangadhar, a veritable Indian scholar, Brahmin in outside appearance, well versed in the eighteen branches of Sanskrit learning, Sattwik in thought, food and drink, plain living and high thinking being his ideal of life, a physician having the fullest knowledge and control over the different branches of medical knowledge, an astronomer and astrologer, capable of following Saturn twice during its movement round the twelve houses of the Zodiac during the course of his practice extending over a period of sixty years, a physician fighting single-handed against the upsurge and upheaval of the flooding currents of the Allopathic medicines of the West, being always fully conscious of the time spirit and the tendencies of the passing phases of life, a firm believer in the greatness of the Indian ways of life, in the superior efficacies of the Indian system of medicines for Indian people and an applauder of Indian culture and a defender of Hindu social, religious and moral culture of India.

Gangadhar's father's name was Bhawani Prasad Roy and mother's name was Abhaya Devi. During the last period of his life, Gangadhar was attacked with diabetes and consquently with diabetic neuritis and as such he was not able to move his feet and was also not able to walk.

He used to lie down on his favourite bedstead in his Gangadhar Niketan "Tole" and used to dictate to his students commentaries on his book, namely, Agneya Alankar. He also wrote a Britti of the name of Kabyaprabha on his Agneya Alankar. While he was not able to finish it, he was almost half dead, but still he was penning. His disciples asked him to refrain from writing as it would tell adversely on his health, which was daily and daily going down.

But he, like the famous Grammarian of Robert Browning, continued his research activities uptil the last moment of his existence on earth.

"He settled Hoti's business—
Let it be !
Properly leased Oun—
Gave us the doctrine of the Enclitic De,
Dead from the west down"

"He would not discount life, as fools do here,
Paid by instalment,
He ventured neck or nothing—heaven's success
Found or earth's failure."
He used to say—
"Oh, if we draw a circle premature,
Heedless of far gain,
Greedy for quick returns of profit, sure
Bad is our bargain !"

"Others mistrust and say, 'But time escapes :
Live now or never' !"
He said 'What's time ? Leave Now for dogs and apes !

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'Man has Forever,'
Back to his book then: deeper drooped
his head:"

Gangadhar wrote his commentary up till the day of his death with his half paralysed hand. He was born on the 24th of Ashar in 1205 B.S., and died on the 12th of Jaistha in 1292 B.S.

We are his disciples—his bier carriers. Where should we place him? Is it on the common crematorium where Tom, Dick and Harry are cremated? No, that cannot be. Because he was far above the common run of men. He designed loftily. He should be placed on a lofty position.

"Here is the top-peak; the multitude
below
Live, for they can, there:
This man decided not to Live but to know
Bury this man there?
Here—here's his place, where meteors
shoot, clouds form,
Lightnings are loosened,
Stars come and go! Let joy break with
the storm,
Peace let the dew send!
Lofty designs must close in like effects:
Lofty lying
Leave him—still loftier than the world
suspects,
Living and dying".

(Concluded)

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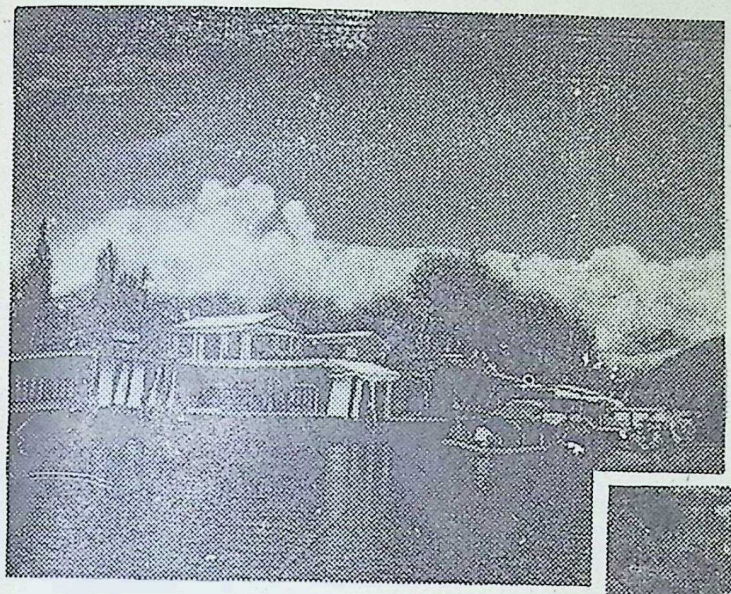

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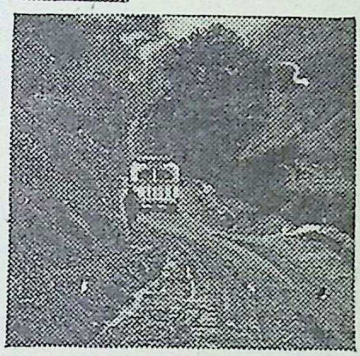

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AYURVEDA—ANCIENT & MODERN

Raj Vaid Anand Swami, *M.A., Kaya-Kalpa-Kanan--Ghaziabad, U.P.*

The civilized man today, intoxicated with his acquisitions of science and destructive devices, exaggerates himself and his SHAKTI. He has somehow developed the illusion of having subdued nature. But he does not know how evasive is Maya—'मम माया दुरत्यया' as says the Lord. The more do we try to unveil her, the more does the mystery thicken. Mother Nature smiles callously at his arrogance, and day after day, gives indications of the approaching Death Dance—तांडव नृत्य of her Master--Lord NATRAJA. The earlier he is disillusioned of his misgivings the better. Heedlessly, breathlessly are we heading towards destruction. Civilization today really means speed, excitement and restlessness, causing all the strain and worries, tension and hypertension and odd diseases. Rightly, therefore, has the great English author titled his book "Civilization, its Causes and Cure". Yet enamoured by the so-called present-day progress of the world we are mad after newer things, exciting fashions and systems, perpetually changing our centre of life-interest—so much so that in this wild chase and in our selfish pursuit for Bhoga, we are hopelessly missing the true values of a truly synthetic life and have absorbed so much rubbish under that pretence that the society has, on the whole, become disintegrated, making life unbearable. Never in the history of man was he so narrow, so loveless, yet so vain and selfish as today.

Material progress there always has been and even in an immensely greater measure, as during the times of the great Lanka Pati Ravana did the world witness, about which of course, the modern historian has yet to convince himself through honest researches. Even then, the physical blended beautifully into the spiritual. But today, alas, we cannot see beyond the corporal. Humanity is sad and broken, everybody lives in fear and avarice. For the ancient rishi, the entire Human life was a Voyage, a Yajna, a SACRIFICE. Through the physical he realised the Supreme and the Self—the Atman. With him the carnal frame, though despicable and passing (क्षणभंगुर) yet being

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the first essential of all Dharmas ('शरीरमाद्यं खलु धर्म्मसाधनम्') he endeavoured to preserve it as a Temple of the Lord, trying to keep it fit, healthy and youthful, through Yoga and Kaya Kalpa. Being in union with the Brahma, Brahma Sthit,—they (the Rishis) were immensely great, yet so humble and unassuming. Their strict discipline and obedience to the laws of spiritual life spontaneously revealed into them the profoundest mysteries of Mother Nature and all that they said, all that they discovered or evolved was Eternally True. In whatever way life could find expression, they sought 'Mukti' since nothing short of it could satisfy them. As is evidenced in these slokas :

"शिवत्वं खेचरत्वं च सर्वसिद्धिप्रदं शुभम्
देहं विना न किं चिन्तयां देहोऽयं सर्वसाधनं
तस्माद्देहं प्रयत्नेन रक्षयेत्सर्वतः सदा
देहपाते धर्म्मनाशः धर्मनाशे क्रियाच्युतिः
क्रियाच्युतौ कुतो योगो योगभ्रंशे न चिद्भवेद्
चिद्भावं कुतो मोक्षः मोक्षभ्रेर न किंचनः"

With this philosophy of life as their mainstay they, through their yogic achievements built up a synthetic culture, rich in multifarious sciences, each perfect in itself and, in turn, tending towards perfection of man and final emancipation of the Atman.

Out of such treasures handed down to humanity in different forms and systems and perhaps richer than the richest and profoundest of all the sciences ever known to man, is Ayurveda—the ancient system of medicine and surgery. But, as in all other spheres, here in this all-too-important phase of daily household and social life too, our misfortune, alas, is conspicuous. We are not ourselves. However numerous be the causes, the sad fact is that even now, when there should be obviously that awakening of the national conciousness and enthusiasm for Swadeshi, after attaining freedom, we have, to our greatest misfortune, neglected this richest heritage of man. But Ayurveda has its intrinsic worth and still lives in spite of our apathy. Even today this is the most scientific and perfect of all systems and like all other Indian sciences universal in application ; and if encouraged and re-organized, can prove to be THE *greatest boon* to the world, not only as a means to help the suffering and the ailing, but like the 'Kalpataru' of the Swargaloka, capable of giving us ALL that we may aspire to achieve materially, physically, intellectually and spiritually—all that the words 'Yoga' and Bhoga may ever imply or signify.

Ayurveda is a great—nay the greatest and all-comprehensive science. In spite of all persecutions it has lived and shall live even now despite our disregard.

The word Ayurveda—Ayur (life) and Veda (science)—means the Science of Life and of Living. But Ayurveda is indeed an incomplete fragment without Sadhana and all allied sciences such as

स्वरशास्त्र मंत्रशास्त्र तन्त्रशास्त्र रतिशास्त्र लक्षणशास्त्र,

and Jyotish and others dealing with and bearing on life in all its essential aspects—a code of Health for the WHOLE

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MAN. And let us remember that MAN is not the flesh, the bones and sinews alone. The Atman, the mind, the brain and the body, all constitute the MAN in EVOLUTION. To be healthy, therefore, all these comprehensive aspects must be duly attended to. And judging by these standards, I have *yet* to see a person who could be called *perfectly* healthy ! Here in India the state of things is extremely appalling. Even bodily health is a rare possession. It is a treasure often appreciated, alas ! generally by those who have lost it. Here mortality rate is the highest and longevity average the lowest. From the very first day of birth millions of children are drugged—and drugged all the unhappy days of their boyhood and youth ; and engrossed in worries due to the abruptly changing conditions of society many—many get prematurely old without even once experiencing the THRILL of a dynamic and buoyant youth, contract so many nasty diseases and even at 40 or 50 sit destitute, miserable and condemned as spent up bullets abandoned by children and grandchildren, repenting the past and dreading the future. Friendless they lie broken and prostrate waiting for the Doom's Day. Whereas according to shastras man's life really starts after 50 when with ripe experience capable of curbing down inimical instincts and having had a certain amount of satiety in mundane pursuits, he is better able to serve his Higher SELF and think of the life beyond with composure. But things as they are, we have no appreciation for the value of longevity and health and often it comes too late. People in the West are wiser in at least that they try to keep physically fit—you will admit. The Pope, the President of France and the Chencellor of Germany are trying a new method of Rejuvenation to prolong their life-span—that you have read. But things are so different here.

Anyway in ancient Gurukulas all students had to learn the essentials of Ayurveda. Every sadhu picked up the art so that he could serve the needy and spread the teachings of Dharma and be a useful part of the great social order. Numerous poor modest people in the country here and there and everywhere specialized in particular family secrets for certain diseases such as epilepsy, snake or dog bite, bone-setting, carbuncles, rheumatism, sciatica, asthma, infantile T.B. etc. and they always served free. Old mothers knew a lot about maternity and child welfare. Even princes and aristocrats practised this great art as a *mere* hobby and gave away lots in charity. I cannot really think of the marvels of Ayurveda, this divine science, without emotion. A student of Ayurveda was a child of nature and performed Tapas and Sadhana to understand her secrets. Round PARAD, mercury (the word Parad means that which would rescue you and take you across the ocean of samsar)—the whole science in its various aspects revolved. Parad Siddhi was (is) Ishwar Siddhi. To the learned the perishable पंचभूतात्मिक शरीर, the fleeting physical frame, was a sacred vehicle of the atman and ultimate means of realization of the

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SELF. But today, alas, we care more for our motor vehicles than this sacred divine auto vehicle, the Temple of the Lord Himself. India has a rich heritage. Her teachings of yoga and Vedanta philosophies, her Upanishads and Gita have an appeal for all and for all times and this has been her privilege (even when she was in bondage) to throw up great souls from time to time, to deliver her cultural message. Certainly Ayurveda had its contribution in all the greatness India has ever achieved. It was the blessed cow and their knowledge of Ayurveda that made it possible for the great yogis of India to live on dizzy heights of the snowy Himalayas, and in eery jungles on the banks of the Ganga, Yamuna, Narmada, Godavari and Krishna for years and decades even without food and clothing and helped them to get longevity beyond any arbitrary limits and thus attain to Godhood. Ayurveda for these reasons made India great, prosperous and plentiful and healthy and she was truly *BHA-RAT*—immersed in the Eternal Light. Even the people knew the value of longevity and health. For that purpose Panch Karma and (rejuvenation) Kayakalpa were extensively and successfully practised. The common man benefited from the ordinary herbal kalpas, since certain herbs if collected with mantras in a regular way under auspicious muhuratam (particular conjunctions of stars) and taken in the prescribed way could effectively cure diseases and make one younger. But these herbal kalpas have to be taken in heavy unpalatable doses and are not therefore meant for the modern man. And kuti kalpa too (which I gave to Pandit Malaviya in 1938) is extremely strenuous and demands great tapasya. But even today Ayurveda can meet all challenges. Even now there are simple kalpas that can make you young and cure all ailments ; that can cure grey hair, deafness and all skin diseases, cancer, diabetes, blood pressure, fistula, piles, T.B. and give strong memory and concentration. Through Ayurveda *ANY* disease can be cured and old age averted only if facilities are afforded. Yes, in ancient India even alchemy was a concrete fact. Our princes were generally virtuous and men of tapas and sadhana. They wielded the sceptre only to serve their people and great siddhas too appeared now and then, here and there. Chanakya, Chandra Gupta, Ashoka, Bhoj, Vikram, Yogi Matsendranath, Guru Gorakhnath, Kabir and Nanak and the Boudh Saint Nagarjun were all great alchemists. Maharaja Bhoj (in whose court the great Poet Kalidas—the Indian Shakespeare as many would call him—flourished) gave away *lacs* in charity every day. He was a great sanskrit scholar and a poet and whosoever would present the Maharaja with a fine sanskrit sloka was awarded *easily* a *few lacs*—of those times. (Remember about 200 years ago Maharaja Gulab Singh purchased Kashmir from the British for one crore). After all whence all this wealth ? From revenues, from customs, from duties or taxes ? No—not the least ! *Bhoj was a great alchemist.* Even Akbar is believed to have practised

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this art. Numerous Siddhas and Sadhus were great Rasayanis. Nagarjun had claimed he could convert mountains into gold. Perhaps until partition there were many sadhus and fakirs initiated in this art. In those days our lives were so simple, our wants were so few. Adulteration and corruption were unknown (as the accounts of Prince Alberuni and the Chinese travellers would indicate). People had time and leisure. They could look beyond the corporal. Dharma and the spiritual (not rupee anna pie) had an appeal to the mass mind. Our national morals were high and India could, from time to time, throw up illustrious and illumined souls to inspire and guide this great nation of philosophers. Thus at every step you will see the benevolent hand of Ayurveda working for the emancipation and glorification of the Great Bharat Krishna, Ram, Bharat, Vyas, Janak, Yudhisthir, Arjun, Buddha and Shankar appeared and India became the cradle of humanity. The ancient yogis discovered the Eternal Truths and propounded them in so many ways and forms. And their method of arriving at the Final and the Irrevocable too was different altogether. Today a laboratory means a place where the researcher and his colleagues make experiments on the dead and the living. But the Rishis of old had their laboratories in the innermost recesses of the heart. Through mantra siddhi and yoga they saw truth face to face and in visions. They developed unerring intutions. Their findings were true for *all* times. A competent vaid of sadhana who under-

stood the Tridosh Theory (Vata Pitta Kapha) thoroughly well could (can even today) handle and cure ANY and EVERY disease. No ailment is *new* for him. And on that basis he could cure even animals and birds. Tridosh theory embraces all sociology, Eugenics and Ethics, botany, zoology and jurisprudence. How wonderful! But what do we find today? Drugs are discovered, trumpeted and used the world over. And after some time these very things or theories are condemned outright and discarded. We have been witnessing this game of hide and seek throughout. Every sadhu was supposed to know *something* of vaidik and for the matter of that had a small herbarium attached to his hut. Everywhere he could find herbs and medicines to help the suffering. Even urine (especially cow's) and one's own and droppings and bones, hairs and hoofs were used as medicines—things which we now detest—crying hoarse as poisonous and laden with toxins. Mantra Chikitsa was generally in vogue especially for snake, scorpion and dog bite, also for Hydrophobia. Even illiterate people contributed their mite to the welfare of their brethren with faith that they were earning *merit* (punyam) that way. Princes and the rich supported the science and its students and votaries. Sanyasins carried the message and relief to the remotest cottage and were a great asset and the public also served them with devotion. Their method of diagnosis was also mysterious. Apart from diagnosing from the pulse and urine, the experienced Vaidya of sadhana

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could tell whether a patient would survive or die and when. This was with the help of स्वरशास्त्र, Jyotish and mantra sadhana. Even today, these methods are accessible to diligent vaidyas only if they would care to labour at it. In short, life was all a corporate whole and everybody tried to do SOMETHING for others. The benevolent vaidyas, even those despised ignorant quacks were highly respected. They demanded no price, no fees. But the people too were grateful. A vaidya even in a small village was kept above needs and if he cured some benevolent prince of some serious ailment, he was awarded a fortune—gold, villages, lands and zamindari. This was in our blood to repay tenfold and hundredfold and thousandfold and millionfold ! Modern history will bear testimony to this trait. You will remember King Shahjehan's daughter got pneumonia, considered to be a death warrant but equally easy to control and cure. *Any* vaidya or Hakim could cure that. But as luck would have it, Dr. Boton came and offered to treat the ailing princess and the Shah readily consented. Princess was well again and the king wanted to award the physician. But mark his spirit. Instead of asking anything for personal gratification, he begs for trade bases for his nation at Surat. This is how the English stepped on this soil. Dr. Boton conquered India for the British with his mixtures and plaster. Again, wild tribes of India knew (and know) quite a lot about herbs and cures and mantras. There are numerous stories current even today about their art and skill.

But what is the condition now ? The British Government naturally advocated and popularized their own system and ways of life. To our shame, we have to confess the condition of Ayurveda is deteriorating day by day. Vacuum is not filled up. Eminent Vaidyas are nowhere replaced. Throughout there is a tall talk about the encouragement being given to the indigenous system by the National Government. But what is the naked truth ? So many new Ayurvedic colleges. Yet the curriculum of studies in these colleges these days is almost 80% allopathic. Fresh graduates turned out every year label themselves as *DOCTORS* and blush if you address them as 'Vaidya'. Most of them use the same methods for diagnosing, the same injections (Pennicilline, B. C. G.), the same drugs (antibiotics and sulphanomides etc.). They are not even conversant with the popular specifics in Ayurveda. All that because it is so easy and lucrative. Even our research institutes springing up here and there, are generally interested in working up herbs that can be commercially exploited to earn dollars. And if there be any unfortunate person genuinely interested in ayurvedic research as such, he is rediculed, will have no help or support and is by-passed as 'crazy'.

Today genuine raw medicines are difficult to be had, even pure Sulphur, the backbone of Ayurveda is available *NOWHIRE*. So most rare herbs impossible to get. And mark the Govt's apathy ! During the last flu epidemic which took a toll everywhere, India's Health Ministry

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tried to get preventives and curatives from England and America, but never cared even to refer to the eminent vaidyas here, while there are so many simple preventives and curatives with us.

Minthula (methi) tea alone should be enough to do the trick.

For our daily life, the ancients have laid down rules of conduct and made gestures that combine yoga with ayurveda (not always easy to argue or explain) to ensure healthy, active and happy life which unfortunately the people and even the vaidyas and our scholars have completely forgotten. For example, while sitting on the commode or passing urine, keep your teeth pressed hard. That will cure all teeth troubles and shaky teeth will become firm. Practise Ganesh kriya and you will cure your constipation and piles--a lifelong worry for millions. Keep the tip of your tongue pressed between the teeth as often as you can, as long as you can and you will have a store of nerve energy and will not get tired out. If you empty your bladder immediately after meals and just before bath, chances of diabetes or kidney troubles become extremely remote. What could be simpler? But the pity is we have lost all faith in these and all touch with nature. There are simple methods too by which you could keep your children healthy and buoyant. These secrets are only too numerous to be explained here. Again, there are simple remedies to cure many common and difficult ailments. But our mentality is so perverse now! We do not want to believe or try even simple remedies and especially when we get them without spending we just throw them away. I will just narrate my personal experience. Once in course of my researches, I prepared Diamond Bhasma—you know it is *the costliest* medicine. To some close friends I gave 21 doses each, as a gift. After months, when I had occasion to enquire, the woeful reply in *all* cases was that it was misplaced and lost. They would lose diamond bhasma costing 2 to 3 thousand a Ratti (gunja) while they would vigilantly guard a bottle of acqua pure (even tap water) on which they have spent something. What a pity! So many friends have been pressing me to publish my remedies. But for whom? They are *never* availed of by the persons for whom they are intended. Only some clever people will exploit them as has been in case of Malaviyaji's Kalpa that I had given in 1938. Soon after that, I retired into the Himalayas for sadhana and research and numerous people here and there started advertising some or the other kalpa medicine and made millions--people who do not know even the A.B. of Ayurveda.

Similarly about training young men in the art of healing. But how to find ardent youths who have the thirst for learning and to serve? They would come to a college only if they can get fascinating diplomas no matter they learn *anything* of worth or not. Really how many acquire education for the sake of knowledge, alas, very few. All is but a mad hunt after money and jobs! And I have had a very sad

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experience, in that too. A dozen students have come to me to learn vaidik but proved useless sloths. Some bolted away with my manuscripts, some with books, some with money, some with prescriptions and some with medicines. How can they learn ? A true vaidya must be a KNOW ALL. Anyhow, with resignation and faith, I work and carry on my researches just for my inner consolation. My only longing is to see truth face to face as claimed by the great Rishis careless if time will ever come at all when India will avail of this rich acquisition. Ayurveda is the greatest heritage of India, nay, of man : I bow down prostrate to the great Rishis and mystics who evolved this Divine science through Tapas and Yoga. It behoves us all to pay immediate attention to this long neglected science now, which *alone* can reconstruct our nation. With this object in view, we are establishing an organization 'The Dhanwantari Mission'. But we must shake off sloth and indifference ! Sloth will only mean extinction. Hence my appeal :

Awake, ye sons of sages of the East, Awake !

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SLAVERY IN INDIA AND ITS BEARING ON AYURVEDA—IV

Sri Amal Kumar Chattopadhyaya, *B.A., (Cal.), Department of History, Jadavpur University, Cal.*

But they were truly great and noble men with a noble ideal before them. And nothing could smother the earnestness of their zeal, tenacity of their purpose and bright luminosity of their soul. They successfully stamped out all the oppositions that came in their way. They carried on their movement in the same spirit to a complete success. And at last in the year 1833 slavery was completely abolished from the British Empire during the Premiership of Lord Grey. The Parliament granted £2,0000000 to the slave owners as compensation, who were now obliged to release their slaves. Thus, a large number of slave population became free from bondage and were allowed to live like other free men of the world.

So, also, from the British India, slavery was abolished. The slave owners had to release their slaves by gradual instalments. Lord William Cavendish Bentinck—the youngest son of the Duke of Portland—a former Prime Minister of England (1777 and 1802), was then the Governor-General of India. His name is associated with many important reformations in India in relation to social, economic and political problems. That noble Lord, according to the 1833 Act of Parliament, ordered the release of all the slaves in British India from their bondage. The European slave-owners were given compensation, and they became obliged to set their slaves free.

But in India a systematic and properly well-organised step for the emancipation of the slaves was started in the year 1843, and slavery began to disappear from the country in the period after 1857, when railroad building supplied an outlet for labour.

Though thousands of slaves were released from India, it remained in other forms in the country. The English tea and indigo planters and other industrialists found it very inconvenient to run their plantations and firms without slaves. So they adopted a new practice to retain this institution, but in another form. The poor peasants, villagers and some other persons

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were forcibly made to serve in their gardens. Though legally they were not slaves, yet their condition was not in any way better than slaves. They were also, like slaves, entertained by their European masters, with lashes, kicks and other brutal tortures. The women labourers were openly used as the kept women of the European planters. The atmosphere of these plantations were not in any way better than dungeons. The atmosphere of the indigo plantation and tea gardens was loathsome, obnoxious, and filled with many immoral practices and vices. This sort of condition lasted for a pretty long time, till the year 1860, when Raibahadur Dinabandhu Mitter published his epoch-making drama—Nildarpan—a drama which very beautifully reflects the severity and vices of the Indigo planters and the horrible and pathetic conditions of the Indian peasants. In a word, the book is wonderful. It unfolded a new chapter on the cruelty of the European planters and landowners towards the poor Indian peasants and other population. The book was translated into English, it is believed, by Michael Madhusudhan Dutta —a Barrister-at-Law, and the greatest Bengali poet and litterateur of the time. But curiously enough, it was published in the name of Reverend Long—a generous European clergyman of Calcutta. The effect of its English publication was tremendous upon the European society in India, particularly in Calcutta. It took the whole European community by storm. They were terribly frightened, rudely shocked and flew into a terrible rage because their wickedness was very clearly exposed in Nildarpan's English version. Some English Indigo-planters felt themselves keenly insulted and resolved to deal with Rev. Long, upon whom all their rages were concentrated. So, with a view to punishing him, they filed a suit against Rev. Long, who was tried by a Presidency Magistrate of Calcutta and fined with one thousand Rupees on charges of defamation etc. The fine was at once paid by Babu Kali Prasanna Sinha—a famous zaminder and litterateur of Calcutta.

The Indigo plantation was a monopoly of the Europeans throughout the 19th century. But the epoch-making book of Babu Dinabandhu Mitter dangerously exposed their vices and the people of Bengal raised a hue and cry against the European Indigo planters. The Indigo-planters filled up their pockets by exorting extortions and tortures to the poor peasants of the country. The English translation of "Nildarpan" was warmly received in England, and it was so quickly and largely sold out that its first edition became exhausted very shortly. It created a sensation in every nook and corner of English society, and a very strong public opinion was formed in favour of taking necessary steps for the abolition of Indigo-plantations. So the British Government had to submit to the public opinion. And they began to take necessary steps against the Indigo-planters. They adopted different measures to abolish Indigo-plantations and to stop their extortions, torture and other illegal practices. In Bengal, Sri Bankim Chandra Chatterjee —the preacher of "Bande Mataram" and

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author of "Ananda Math", did more than anybody else to ruin these pernicious mischief-mongers. He was at that time a First class Deputy Magistrate of Jessore and Khulna districts. He made it a point to bring the white Indigo planters under complete control, because he wanted to see them law-abiding and gentle. So he began to punish quite mercilessly the smallest infractions and breach of laws made by the Indigo-planters. For reported cruelty and extortions, he arrested a large number of European planters, who were tried by him and sentenced to heavy fines as well as imprisonments. The European planters flew into a terrible rage and resolved to kill him. They kidnapped his orderly and awarded a prize of one lakh of rupees on his head. But Bankim Chandra was a man of undaunted spirit and a great patriot too. He resolved to destroy their strongholds. Accordingly he raided on their estates, arrested a large number of criminals and rescued his orderly. He punished some of the wicked and notorious rogues by inflicting exemplary punishments. In the meantime Sri Harish Chandra Mukherjee—a noted journalist of the time raised a hue and cry in his famous magazine—"The Hindu Patriot". He published a stream of fiery articles and worked day and night in giving practical advice and aid to the cultivators and their representatives who thronged at his doors. Two young men—Manomohan Ghosh and Sisir Kumar Ghosh, both destined to future fame, threw themselves into the agitation. The struggle raged in the countryside and the ranks of the people threw up their own leaders. The Wahabi Rafique Mandal, in North Bengal, stood forth as the champion of the oppressed "fighting every battle to the bitter end." In Central Bengal, the Biswas brothers, Vishnu Charan and and Digambar, resigned their posts under the planters and stood out as the leader of the peasants, fighting law suits, at the same time organising resistance to the retainers of the planters on the spot.

The tyranny of the planters provoked a real mass upsurge amongst the cultivators which even the Royal Institute of International Affairs has noted as "a landmark in the history of nationalism". The Government had already announced that indigo cultivation was to be on a voluntary basis. To assert their right of not growing indigo under the compulsion of planters the peasants in 1859 in hundreds of thousands spontaneously refused to produce indigo. In a river tour Sir John Peter Grant was appealed to by thousands of men and women, all along his route for protection against compulsory cultivation. But inspite of such mass upsurge and tireless efforts of Dinabandhu Mitter, Bankim Chandra Chatterjee, Harish Chandra Mukherjee, Manomohan Ghosh, Sisir Kumar Ghosh and others, illegal beatings, detention and outrages became the order of the day. In the villages the planters backed by the physical force of their own retainers went on putting pressure on the helpless peasants. Even Government officials felt that the planters were going too far, but re-

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monstrances and regulations proved equally unavailing. Harish Chandra Mukherjee was charged with defamation and even after his untimely death in 1861, the planters pursued his family in the courts to financial ruin. But all this turmoil had some effect. The indigo commission of 1860 could not avoid the public exposure of planter rule in the countryside. The worst oppression upon human souls now began to fade out and gradually official restraint became more effective. But the greatest storm that totally broke down and killed the indigo cultivation was the production of synthetic dyes a generation later.

Most of the European officials, tradesmen and other inhabitants in India were generally men of very low and filthy stocks as well as questionable moral characters, with little education. They were, moreover, arrogant by nature. They were the ruling class people. Hence they would not consider Indian people as man. They filled up their pockets by extorting extortions and tortures to the poor people of India, and lived a very carefree and aristocratic life. Tea gardens, like Indigo plantations, were also the monopoly of the Europeans throughout the later period of the 19th and first three decades of the 20th century. It will be perhaps not inconsistent to reflect a picture of the life of the tea gardens of India. Tea gardens were mostly situated in the North-Eastern parts of India, i.e. North Bengal including the districts of Jalpaiguri, Darjeeling, Tippera, Chittagong, and the whole of Assam Valley. The labourers of these tea-gardens were mostly recruited from the different parts of the country through the agents of the European managers. Both men and women labourers were recruited to work in numerous tea-gardens of the country. They were heavily guarded all along the routes on their way to the gardens by the agents and spies of the European managers. Once a man or a woman came to such a tea garden, he was sure to be doomed there to eternal damnation, because the poor fellow had no hope of release from there. As soon as a party of labourers came to a garden, they were persuaded to adopt many immoral practices. There were women, wine shops, opium and all other elements that could easily destroy the moral backbone of any man. The workers who were generally known as koolis had to enter into a contract to serve there for a limited period, e.g., for about 5 to 10 years. But they could never come out of the tea gardens and go back to their native villages. They had to spend their whole life in bondage inside the gardens. The reasons were various. They were tempted to drink Taris (Fermented palm juice) or a kind of wine, and spend their earnings on women and gambling. These koolies were persuaded to take advances and loans from their European employers at a very high rate of interest. But they could not invariably pay back the money they had borrowed, because their wages were very little. And whatever they drew as wages, was spent for their living, wines and women. So they had to enter into a fresh contract for another

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period of 5 to 10 years. Thus, they were entrapped in the tea planter's nets and doomed for the whole life. There was no hope of their release until and unless God smote them to death. They were mercilessly exploited and tortured by the overseers and managers. Their wives and daughters were the natural victims of the white managers, overseers and sirdars. They forcibly and openly used the kooli-woman as their concubines. Their fathers and husbands were quite helpless, and nothing but silent spectators. Whoever dared to protest was tortured mercilessly. He was asked to pay back the loans advanced to him immediately, failing which he was very roughly handlled. The European managers were all rogues and rascals combined. They had very little education. They came of very low stocks, and were nothing but the riff-raffs or teddy boys in their own countries. Moreover, most of them were not married. That is why they never hesitated to live with the kooli women as husband and wife. The poor women were forcibly enjoyed by them without their consent. The overseers also raped and molested the women workers of the tea gardens quite frequently. Above all, there was inhuman torture upon the labourers. They had to work like beasts all day long under the supervision of the overseers, who were nothing but inhuman monsters in the guise of men. They lashed, kicked and beat with feasts the koolies whenever they indulged in indolence or tried to take a little rest. The women labourers were not spared from the tortures. They were also equally ill-treated along with the male labourers. If any woman kooli refused to satisfy an overseer expressing her reluctance to live with him as his kept woman, she was kept heavily guarded by him. And if she failed to pick up a sufficient quantity of tea-leaves, she had to fare a bad lot. She was excessively whipped and her backs and shoulders were carved with long lines of wounds. This sort of condition was also prevalent in the cotton plantations of the Southern states of U.S.A., where the slaves had to pick up a certain quantity of cotton in their baskets. And after the day's hard labour, each and every slave's collection was weighed by the overseers. Whoever failed to collect the average quantity was excessively whipped, irrespective of the fact that the poor creature was a man or a woman. 'Uncle Tom's Cabin' of Mrs. H. B. Stowe very vividly describes this. So we can well imagine the horrible and pathetic conditions of the koolies in the tea-gardens in the later part of the 19th and first three decades of the twentieth century. The atmosphere of these tea-gardens were full of vices and immoral practices. Chastity of women, honesty, virtue or kindness were nothing but names. The poor creatures were doomed there for life. They had to endure all sorts of inhuman tortures quietly. They could not have recourse to any legal measures, because the European Magistrates always took the sides of their brethren. An interesting article was published in the weekly issue of "Desh", a leading

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Bengali paper, which is sufficient for us to understand the miserable condition of the koolis. An arrogant and licentious European Manager was attracted by the beauty of a young kooli girl. He asked her to live with him. But she readily refused it with profound repugnance, and at once reported it to her father. He was a headstrong man and asked the white manager to behave properly. The result was fatal for him. He was kicked in his abdomen and died consequently, and his daughter was molested. A case was filed against the culprit, but he was honourably acquitted by the European Magistrate for the benefit of doubt. Moreover, the Magistrate passed severe strictures on the plaintiff and observed that such a heinous crime was not possible for a white man. So there was no remedy for such tortures, and they had to tolerate all these inhuman acts of cruelty silently and helplessly.

But everything has a limit. Too much of anything, even of a good thing, is bad. The tyranny and wickedness of the white managers and their overseers became far too excessive day by day and went beyond limits. But even the patience of a saint has a limit. The koolies grew gradually restless and became united in every tea garden to offer a stubborn resistance to the European managers and their overseers on a mass scale. They demanded some facilities so that they could live there like men, not like animals. They clashed with the managers, and riots broke out in many gardens in the first three decades of the twentieth century, which resulted in the murder of many European managers. The koolies were also tortured, sentenced to imprisonment and even to transportation for life or sentenced to death by the Magistrates and Judges. The British Government, far from taking any step to stop the vandalism of the Tea-planters, fully encouraged them and helped them in every possible way. But truth cannot be kept in secret. Truth will surely be out in time. The miserable conditions of the tea gardens and the horrible sufferings of the koolies, the vices and immoral practices of the white planters were dangerously exposed by the Indian journalists and litterateurs. They published a series of fiery articles in the different newspapers and journals, and raised a hue and cry against the tyranny of the European tea-planters. They also sent many deputations to the Viceroys and Governors to properly deal with the matter. The koolies, in the meantime, carried on a well organised movement to stop the tortures, extortions and inhuman acts done to them. They tried to achieve their freedom to go back to their native villages and form unions, and also many other facilities. Their demand became so very persistent in course of time that both the Government and the tea-planters had to submit to their will and grant them some facilities. They had to build up cottages for the labourers and engage doctors to attend to the sick koolies. Moreover, they were granted some holidays. Their wages increased to some extent and their status was also raised to

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a little higher degree. The white managers realised it very well that the days of their tyranny were over. So they had recourse to new tactics to deal with and handle the labourers in the gardens. They rather took friendly attitude to the koolies. Dr. Mulak Raj Anand's "Kooli" and "Two leaves and a bud" vividly describe the miserable condition and vices prevalent in the tea gardens. Jarasandha's immortal book "Lauha Kapat" also throws a good deal of light on the vices, degradation, corruption and immoral condition in the tea-gardens in these days.

The phrase that "pen is mightier than the sword" is true at least so far as the case of the manumision of the slaves and other depressed classes of men are concerned, because it was the artists and litterateurs who did more than anybody else to secure the freedom and liberty of the depressed class of men in countries, in all times and for all ages.

Longfellow has truly sung :

> God sent His singers upon the earth
> With songs of sadness and of mirth
> That they might touch the hearts of men
> And bring them back to heaven again.

(To be contd.)

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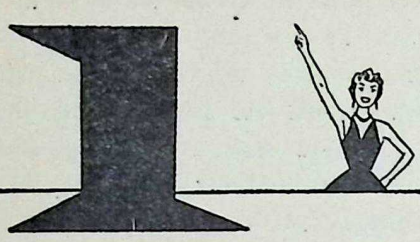

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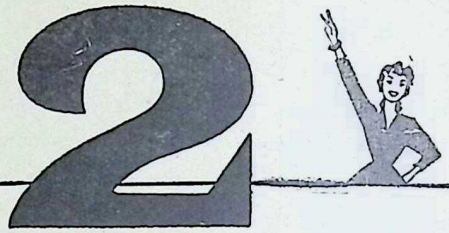

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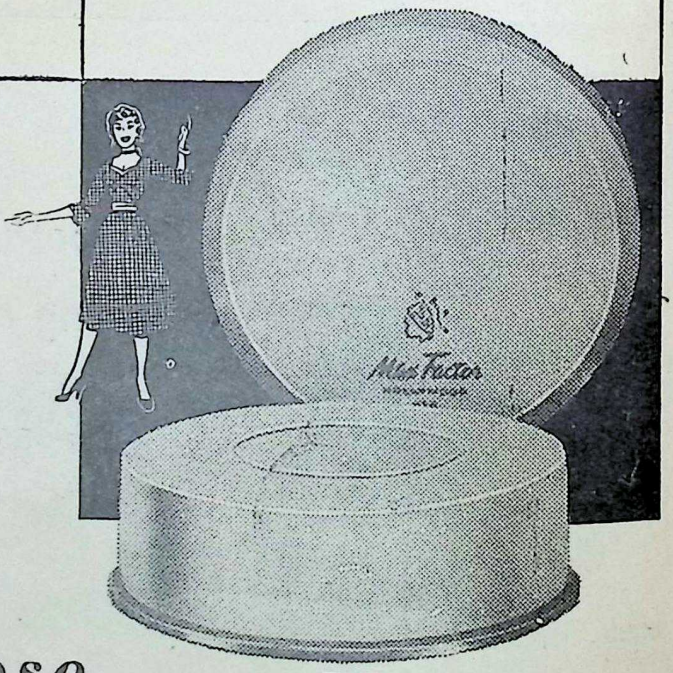

Dual-Purpose Face Powder

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News Angle

ANTIBIOTIC HAVOC

Alistair Cooke

Padit Shiv Sharma has sent to us from Ceylon the following article published by the Ceylon Daily News and mentioned from New York by Manchester Guardian Service. Articles depicting the horrors of the Anti-biotics appear frequently in the modern Journals. But the importance of the present article, published below, is highlighted by the fact that it is based on the report of Dr. Maxwell Finland, a Harvard Professor of Medicine known for his restrained language and a team of eminent medical men collecting exhaustive and accurate data for over a period of 24 years with a thoroughness bordering on "Hypochondria".

We hope that the blind protoganists of modern medicine, both in India and Ceylon, will take a serious note of the alarming and far-reaching consequences of the Anti-biotics and Sulpha Drugs to the human race and truly reappraise the value and the safety assured by the time-honoured Ayurvedic remedies--Editor.

The golden age of bacteriology, which dawned in the mid-thirties with the discovery of the first sulfa drugs, took on a disturbing tarnish today in the report of a Harvard Professor of Medicine to the American Association of Physicians, meeting in Atlantic City.

Dr. Maxwell Finland threw a heavy pall over the closing hours of this Seventy-second Annual Convention by telling the doctors that the triumphs of the anti-biotics have converted harmless germs within the human body into killers. It now seems that in destroying streptococci and nearly all the pneumonias, the sulfa drugs and penicillin derivatives have destroyed also secretions in these once-dreaded germs that imprisoned or rendered innocuous whole tribes of germs living in harmless coma in the bowels, lungs and other organs of the human body. Dr. Finland specified, among those new threats to health, E. Coli pseudomona proteus and aerobacter.

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Up to 1935 they were only rarely identified and deaths from them almost unknown. In that year the death rate from all bacterial infections studied in the Boston City Hospital was 50 per cent. By 1947 the percentage had dropped to an historic low of 20 per cent, which Dr. Finland attributes to the use of sulfa drugs and penicillin at the period of their greatest effectiveness.

Since then his study has shown the streptococci and pneumonococi to be still no match for the anti-biotics, but the staphylococcus has by now evidently digested and flourished on the lethal properties of his old destroyer and he is now killing more people than ever. The death rate from all bacterial infections is now at 30 per cent and still rising. Worse yet, most of these deaths are from the newly-awakened germs whom Dr. Finland ghoulishly dubs "the quiet ones."

Antibiotics Increase Septicemia Deaths

The survey comes from a city whose record of clinical research has been celebrated since the early Nineteenth century; from a team of doctors eminent in one of the most distinguished medical schools in the world; and from a hospital whose medical files on all its patients is exhaustive to the point of hypochondria. Dr. Finland brought no comfort to his learned audience by saying that for 24 years he and his two associates, Dr. Wilfred F. Jones, junior and Dr. Mildred Barnes, have been keeping records of all deaths from bacterial infection and for the past three years have been worked "night and day" on analysing these 10,000 deaths, which occurred in the Boston City Hospital between 1935 and 1959.

They chose 1935 because the sulfa drugs introduced in that year radical changes in hospital practice. In the intervening years, the team also studied the results of autopsies on all patients whose cause of death was mysterious or in dispute. Between three hundred and six hundred a year of them were found to have suffered from profound bacterial infections, most of them either undiagnosed or dismissed at the time as the primary cause of death.

A control check has been done on infectious diseases outside the Boston City Hospital and so far it supports the Finland team's report that there are more cases of bacterial disease than ever before; that the doctors are saving fewer of the victims; and incidentally that *there are more deaths from septicemia (blood poisoning) today, in proportion to the population, than there were before the age of antibiotics.*

Dr. Finland's report, carrying as it does the authority of the Harvard Medical School, the recording skill of the Boston City Hospital, and the weight of nearly a quarter-century's continuous research has thrown the medical profession and will throw the hospitals, into heavy gloom. When he had finished it was obvious why Dr. Finland, an undramatic type, had stressed the labour of his team round the clock. There is, he says, the most

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imperative need to discover new antibiotics against these once harmless and now virulent "sleepers" and an urgent need for studies to be done in all civilised countries on the "relative balance of power" of bacteria inside the human body.

(Manchester Guardian Service)

Peking brings about high tide in Modern Medical Students to study traditional medicine

An upsurge of joining the study of modern and traditional schools of medicine has been created among medical circles in the capital.

The number of learners in traditional medicine is now 2,300 more than half of the total personnel of this profession, including young modern doctors, nurses, teachers and students of all hospitals and medical colleges and old and well known physicians and surgeons and workers. The technique of the traditional "needle cautery" (Acupunture) has become so popular that even the PUMC (Peking Union Medical College) Hospital, once a place known as having extreme worship on modern medicine, has set up a department for it and a number of doctors have grasped it to treat patients with appendicitis, fracture of bones and many other cases. In the past, patients were flatly refused by their modern doctors, when they requested them to have traditional doctors to join at consultations, but such is now a common practice in all hospitals. Statistical figures show that more than 60 major hospitals in the capital are having each a department of traditional medicine with 470 or more traditional doctors practising in them.

It has been estimated that 9 classes of national level for studying traditional medicine have been formally established. They are divided into research, physician, surgery, needle-cautery and other sections. The Peking No. 6 Hospital, the Railway Hospital and Peking Children's Hospital have set up more than 20 training classes on traditional medicine. Lectures have been arranged to be given regularly in the week on the subject of traditional medicine by the Peking Medical College and lecturers are all well known traditional doctors.

The practice of apprenticing themselves under the tutorship of old traditional doctors is very popular among modern physicians and surgeons, and enormous success has also been reported in this respect. Wang Chi Min, well known for his treatment on obstetrical and womb diseases and Chao Ping Nan noted for his dermatology, both old traditional doctors, are giving lectures on their experiences weekly, which have been enthusiastically welcomed and given high praise by modern doctors.

The upsurge was caused only after the rectification campaign which toppled the mistaken attitude of modern doctors towards the traditional school of medicine. After the National Conference of Interchanging Medical Experiences and the Exhibition of the Traditional School of

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Medicine, those who despised before their own country's medical work are surprisingly shocked by the virtue of its efficiency. The China Medical Academy of Science adopted only 20 private or old prescriptions from traditional medical classics since liberation, but took more than 700 after the rectification campaign. Several anti-cancer prescriptions have been uncovered, the virtue of them after practice is reported to be most successful. Working in the laboratory and testing one after the other in accordance with instructions laid down in a few private prescriptions, the Research Group of the Academy has extracted a germicidal essence from the Chinese medical herbs. It kills pus bastorium within 5 minutes, and is rated as a world-wide new discovery. Four patients have been treated by it and the results are reported to be most satisfactory."

(Our thanks are due to the Ceylon Health Ministry and Pandit Shiv Sharma for making these valuable extracts available to us—Editor).

Three Effective Chinese Medicines for T. B.

"The Hangchow No. 2 Hospital using "gentian spirit (extract); the Lin An Sanatorium of Chekiang province using sheep-gall-bladder (?) and the T.B. Sanatorium of Chia Hsing using garlic juice, have treated 56 patients who were X-Rayed before and after taking these Chinese medicines. X-Ray plates have shown that the breathing of these patients has improved and cavities in their lungs have become smaller or disappeared altogether. Among the cases of those who take Gentian, there is one still active, all those who have taken those Chinese medicines have become better. The 21 patients in Lin An Sanatorium whose ages range from 22 to 45 and who are all office workers, have after hospitalisation in the Sanatorium for long periods (the longest being more than six years and the shortest being more than three months) and treatment with Streptomycin, shown no improvement. Therefore, to study the effect of the Chinese medicine Sheep-Gall-Bladder (?), the Sanatorium stopped the administration of all foreign medicines before the Chinese medicine was administered. After three months, all patients have shown rapid improvement. The other two medicines are also as effective as this one.

Areas where those three kinds of Chinese medicines are grown are large in extent and production is great. They are easy to produce and capital used in the production is low. They are easy to administer, and the side effects are less. They are very suitable for rural medical organisation.

"People's Daily"-13-11-58

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